AGE - FRIENDLY COMMUNITY RESEARCH REPORT SCARBOROUGH
2021 - 2022

Ontario

Contents

Acknowledgements

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Executive Summary

Scarborough is home to immigrants and their descendants; visible minorities comprise of 73.4% population Statistics Canada (2017). Scarborough is a district of Toronto, Ontario and home to multi-ethnic, multi-cultural and multi-religious communities with an intricate blend of immigrants. The available amenities like parks, town centres, businesses, restaurants, worship places, transportation, parks serve as the appeal for senior dwellers. 40% of the Scarborough population is aged 55 years and above, resulting in an immediate need for the best age-friendly resources for healthy ageing. The ethnic group breakdown as per Statistics Canada are European: 26.8%, South Asian 25.4%, East Asian 19.7%, Black, 10.8%, SouthAsian9.2%, Middle Eastern 3%, Latin American 1.3%, Aboriginal, First Nations1.1%.

While Scarborough Region's Senior Strategy, developed in 2016, provides a general guideline toward making a more senior-friendly community, diverse needs of seniors within the region vary. This inclusive senior-friendly community (SFC) project reached out to senior living in the Scarborough region to gain a better idea of the supports they need, the barriers to accessing support, and ways that the community might better provide accessibility, affordability, and care toward seniors seeking healthy, active, and social lives in the region. This project was particularly invested in ensuring the needs of minority seniors, such as newcomers and racialized groups.

To examine the needs of senior in the community, this project utilized the Eight SFC dimensions outlined by the WHO.

Transportation

Social Participation

Housing

Outdoor Spaces and Buildings

Age Friendly Communities

Respect and Social Inclusion

Community Support and Health Services

Communication and Information

Civic Participation and Employment
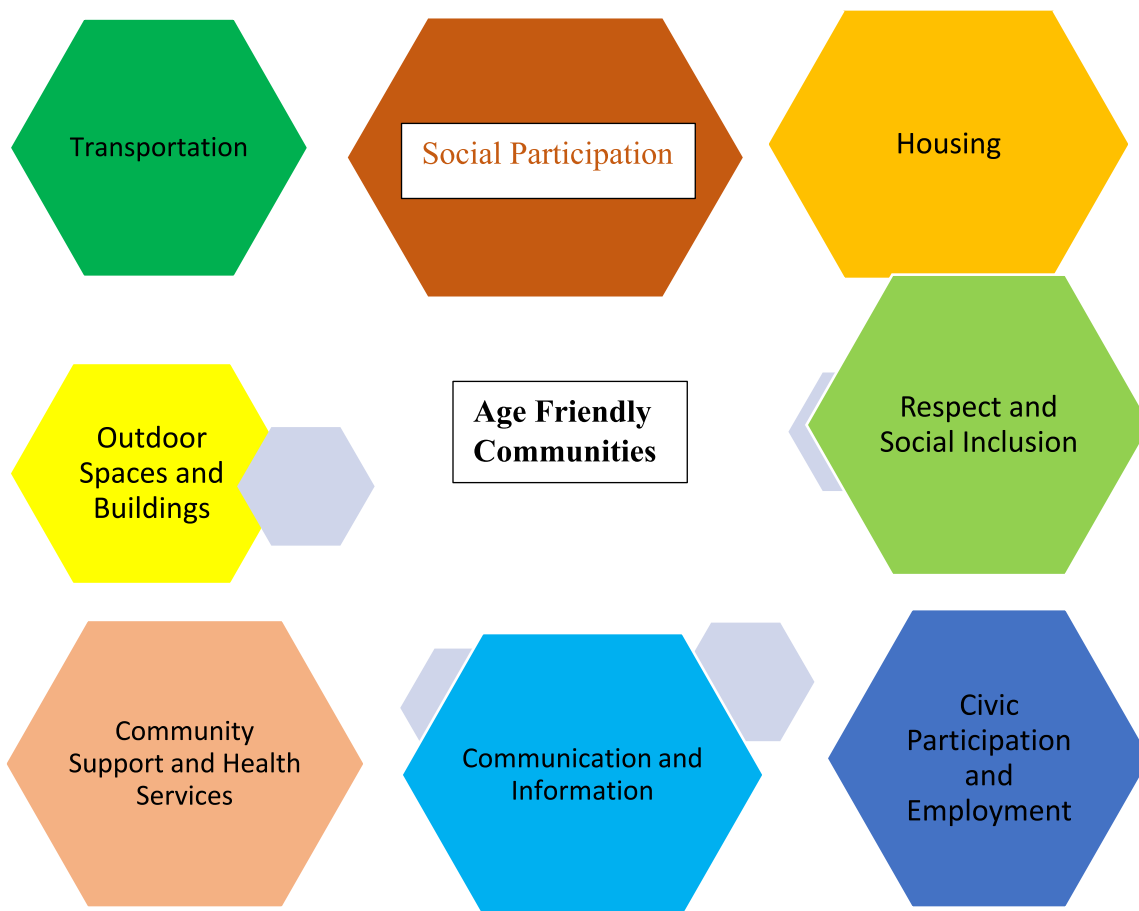
Age-friendly Communities- World Health Organisation

To understand the needs within the community, it was primarily important to reach out for the lived experience and expertise of seniors in the region. Information was gathered through three main methods from February 2021 to June 2022: online survey completion, questionnaires distributed and collected by volunteers and focus group participation. Seniors from selected communities were asked to rate their community on several questions pertaining to each facet of the SFC dimensions during the surveys, and seniors involved in the focus groups were able to provide more in-depth information, as well as discussion on their needs. A $5 honorarium was provided to the participants. The steering committee met twice a month to review questions and to finalise the focus group questionnaire. Members comprised of various community members. Overall, the satisfaction and concerns with regards to the dimensions for senior friendly community were shared.

Introduction

Seniors' Age-Friendly Community Scarborough

The importance of community participation of older adults is acknowledged widely with the increase in the older adult population (Gough et al, 2021). Senior's participation in moderate to vigorous physical activity in the community have a decreased risk of functional limitations and increased health related quality of life. Seniors who participate in such activities have a lower risk of functional disability, increased health related quality of life (HRQOL) and report lower usage of formal healthcare (Toyyo, et al. 2016). However, studies have established that increased life expectancy does not guarantee better quality of life and have concluded that facilitation of healthy ageing will play a positive role in the utilisation of health care facilities cost could be decreased. An age friendly community promotes participation and engagement in outdoor activities (Vaughan, LaValley, AlHeresh & Keysor, 2016) thereby improving quality of life and reduced consumption of healthcare facilities usage (Munford, Sidaway, Blakeford, Sutton and Bower, 2017). Piearcy, Troriano, Ballaard et al. (2018) recommend that seniors over 65 years need to engage in at least 30 min of moderate intensity Physical Activity, five times per week, or 75 min of vigorous activity per week. The physical activity encourages senior's participation in occupations of community activities for social contribution and maintenance of physical and mental health. Community participation heavily relies on satisfaction of available resources. World health Organisation (WHO, 2007) developed a guide for Age friendly ageing which is comprised of eight dimensions of community that are both utilised and directly impact the Ageing community.

To maintain clarity in the report the dimensions described by World health Organisation will be used. They are:

1. Outdoor spaces and Public Buildings

2. Public Transportation

3. Housing

4. Civic Participation and Employment

5. Respect and Social Inclusion

6. Community and Health Services

7. Communication and Information

8. Social Participation

Seniors have voiced that they need more inclusive, age-friendly spaces. To understand the needs of the community, it became very clear that only the lived experiences of the seniors can identify what they need. Once the needs are established, they will help us to inform the interventions required to foster the utilisation of the resources. As awareness toward the importance of healthy aging and effective community support increases, Age Friendly Community plans have been developed across the globe to guide communities effectively. The idea of an Age Friendly Community plan is to understand the needs of seniors within the community: to hear firsthand what barriers must be overcome and what supports must be put in place for all community members to live and age comfortably.

BACKGROUND

Islamic Foundation of Toronto realised the importance of healthy ageing and conducted a needs-based assessment of seniors and initiated a weekly senior's program in 2013. 150 seniors joined IFT. The program was offered for two hours per week with the aim to decrease isolation by providing opportunities for social interaction, mental health and physical activity programs. Seniors keenly participated in the programs. Activities included breathing exercises, nutrition awareness, chronic illness awareness programs and Art therapy. Experts and professionals were invited as guest speakers who addressed health promotion, wellness and healthy ageing. Financial fraud programs were designed domestic and elder abuse, violence was conducted. As the population was ageing, discussions were conducted about financial programs, wills, inheritance and Canada pension plans update programs. Weekly field trips for recreation were planned which utilised the outer space and buildings such as bowling alleys, parks and monthly countryside excursions were planned across Ontario. Kwartha lake annual retreat program designed to ensure seniors have an outdoor activity boating, fishing, cooking in old style method which triggers their happiness and recall all their old stories. Widows are encouraged to join to overcome their grief. IFT planned visit to the Arts and crafts centres of Ojibwe- Anishinaabe people to promote spectacular collection of Native crafts as well as Fine Art, Jewelry, Moccasins, Leather Work, Sculptures. Seniors created dream chasers and sewing projects like tote bags and distributed to everyone, Alteration services to seniors were also provided. Weekly nutritious and culturally relevant breakfast programs were organised for the Seniors community. Exercise booklets were provided to seniors for practicing exercises at home. Yearly health conference geared towards seniors covered sensitive topics like Organ transplant awareness was introduced to communities of Scarborough and GTA. Outreach programs were advertised through flyers, at Friday sermons, through schools, mass emails, social media, melas, socio-

economic development bazaars, soup kitchen for low-income families with community volunteers. Financial help, food hampers packed with participation of Toronto Police during Covid-19 and during winter 2000 tons of food hampers were distributed through Circle of hope project by United way. iPads were distributed to seniors for low- income individuals to encourage communication with other seniors and attend programs online by IFT. Free tax clinic and Weekly soup kitchen for low-income families. Interfaith iftar programs, Ring of peace with Jewish community are efforts to address peace and harmony in the Canadian communities. Covid-19 vaccinations are also facilitated till to date. Covid vaccine and clinics monthly clinics with partners like Scarborough health network and Go-Vaxx clinic. It is important to understand all the earlier mentioned activities were informed by the guidelines for healthy ageing and ensured that the programs were inclusive, meeting the diverse needs of Senior's Age-Friendly (SFC) community. Through the SFC project, the Islamic Foundation gave voice to marginalized seniors at risk of social isolation. By reaching out to racialized and newcomer seniors, healthy ageing could be supported for all. Refugee assistance program for distressed refugees from Syria, Sri Lanka, etc. were supported. IFT trains and hires summer students through the grant process to train them with office works, job opportunities, food handling certifications to work in food sector and assist in seniors' programs serve to reduce inter-generational gap. Volunteers join IFT and are job ready with other organizations. IFT plays an important role in being complete institution for an individual and the community at large.

DEMOGRAPHICS

Building an inclusive community is vital for the development and prosperity of every society. We have undertaken this project, with a grant from the Govt. of Ontario, to conduct research and inform the policy making process through the findings of this research project. We are determined to contribute towards creating an inclusive and caring community in Scarborough.

Project Summary:

The proposed project will focus on supporting the development of age-friendly communities. Islamic Foundation of Toronto will undertake a community needs assessment through 1000 survey forms and ten focus groups and develop an age-friendly action plan that will focus on developing inclusive communities through giving racialized, newcomer /immigrant, Indigenous and seniors living with disabilities the opportunity to be involved in the process. The information in this plan will provide evidence as basis for further policy and program development decisions to meet the short and long-term needs of diverse seniors.

Project Description:

The Information was gathered from February 2021 to June 2022. A Steering committee comprised of members from the community was created. The committee met twice a month on Zoom for three hours. Initially, the goal of the steering committee was meeting to review questions developed by the researcher and later to finalise the focus group questionnaire. Questions finalised and approved by the committee were then finalised and approved for survey. Survey Monkey was used to set up and conduct the survey for online completion and submission. However, for seniors where, English was not the first language the survey was read,

marked and completed by volunteers. The three main methods employed to gain information are as follows:

1.Online survey completion

2. Questionnaires distributed and collected by volunteers and

3. Focus group participation.

Seniors were randomly assigned questionnaires from selected communities. Participants were asked to rate their community on several questions pertaining to each facet of the SFC dimensions during the surveys, and seniors involved in the focus groups were able to provide more in-depth information, as well as discussion on their needs. A 5$ honorarium were provided to the participants.

The age -friendly guide cities concept by WHO suggests that the age-friendly guide be developed by dwellers of the community where the planning is done. Hence all the Steering committee members belonged to the Scarborough community where the survey was planned to be conducted. Members comprised of various community members and contributed actively to finalise questionnaire keeping in mind the Age friendly Community Guide by WHO for age-friendly cities, and Age-friendly community dimensions by Government of Canada. Steering committee was meeting initially twice a month for two months to review questions and to finalise the focus group questionnaire. Later the focus group leaders met with the researcher and Project coordinator to ensure the timely completion of survey. However, it is worthwhile to note that the targeted participant age group was suggested to be more vulnerable if exposed to COVID-19 pandemic made the process quite challenging. Hence the survey had to be extended and an extension was requested.

Exclusion criteria: Region outside Scarborough.

Inclusion criteria: All adults 55 years age and up, random selection.

Population Age:

Majority of the participants were 55-60 years and 66-70 years range with a 26.1% and 21.4% respectively. However, as the age range is increasing there is a downward trend in the participants with only around 9 % in the 76-80 years, 5.2% in the 81-85 years range and 0.7% in the

POPULATION AGE

86-90
0.7%

90+
0.6%

N/A
1.8%

81-85
5.2%

55-60
26.1%

76-80
9.3%

71-75
13.6%

61-65
26.1%

66-70
21.4%

86-90 years range. Less than 1 p% participation of participants in the above 90 years.

Population Ethnicity:

POPULATION ETHNICITY

HISPANIC
2%

OTHER
2%

WHITE
2.5%

MIDDLE EASTERN
1.1%

AFRICAN AMERICAN
4.1%

EAST ASIAN
5.4%

INDO-CARRIBEAN
12.4%
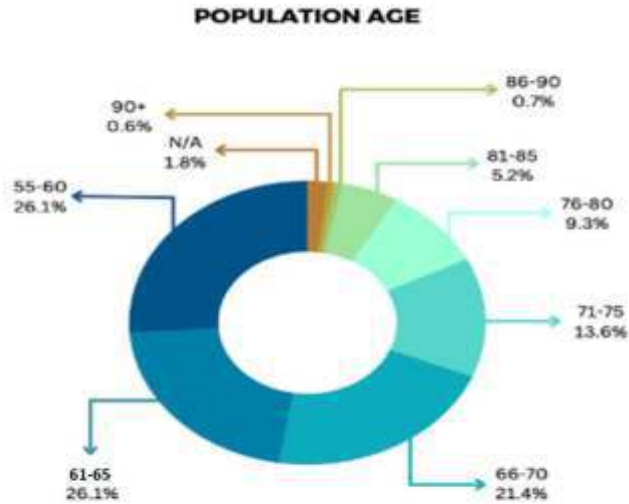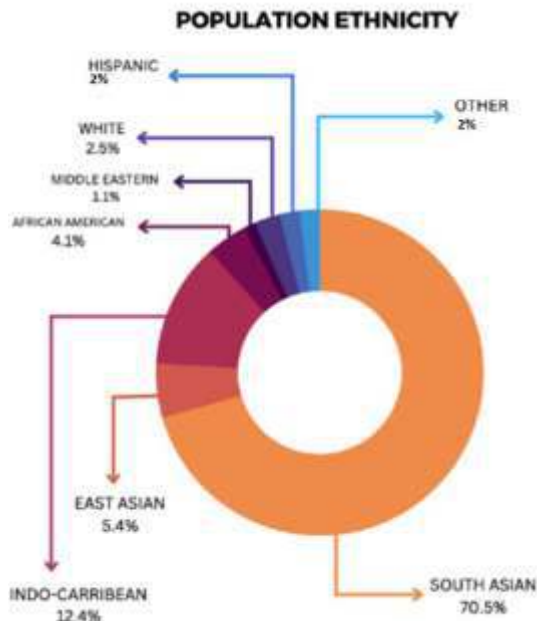
SOUTH ASIAN
70.5%

Participants from South Asian background topped the list by 70.5% of the total whereas, Hispanic and Other ethnicities shared the space by being 20% of the total representation. 12.4% participants were from the Indo-Caribbean ethnic group and around 5% participants were from East Asian ethnic background. Around 7% participants belonged to White (2.5%, Middle eastern 1.1%, African American 4.1% of the total participants.

Population Gender:

64.5% were females and 33.3% were males. The ratio of males and females in the participant population is interesting as mostly females in South Asian population choose to stay indoors whereas males opt for extensive outdoor activities. Input from the female gender may be helpful in developing ac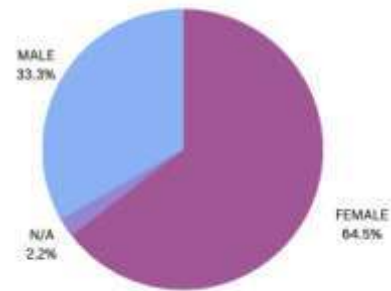tion plan for outdoor community resources. Participants were only given two option to pick from male and female, hence the 2.2% may be accounted for miscalculated or unclear marking on the surveys conducted on paper.

POPULATION GENDER

Population Spoken Languages:

The survey showed interesting data on a variety of languages spoken, they included Urdu-44.2%, English 34.7%, Punjabi- 4.4%, Gujrati- 2.6%, Chinese- 1.8%. Interestingly, some participants spoke more than one language like English and Urdu, English, Urdu and Punjabi, English, Urdu, Punjabi and Gujrati, Chinese and English. though estimating the level of fluency in reading and/ or writing of the languages was beyond the scope of this survey. However, preferred language of participants was as follows: Urdu- 44.2%, English-34.7%, Spanish- 1.2% and Chinese-0.6%.
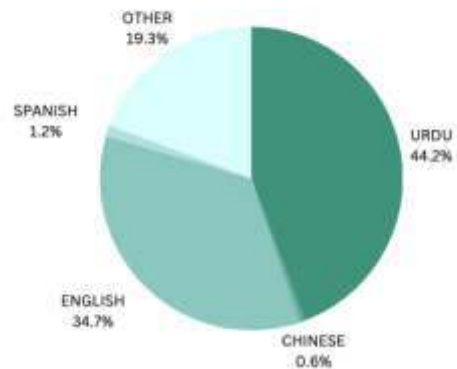
The options of programs available in the society would increase for people who knew more than one language and hence may have also significantly improved chances of social and civic participation of seniors in community programs, employment opportunities and leisure activities.

Population Education:
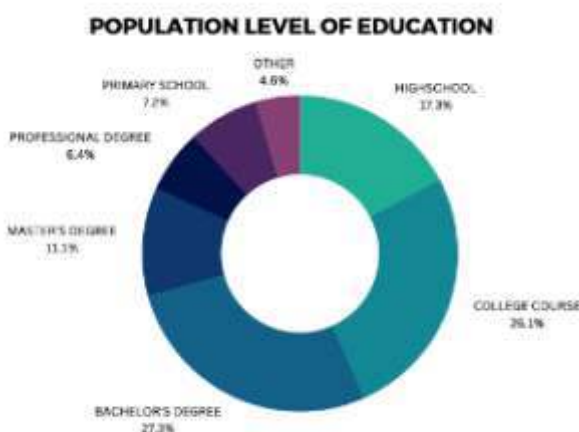
The data of educational level in participants was very interesting as we saw a that College courses and bachelor's level were almost at the same level with a 26.1% and 27.3 respectively. Whereas Participants with a professional qualification and a master's degree were only 6.4% and 11.1% respectively.

Primary school educational level was found in 7.2% and only 17.3% listed their level of education to a high school and 4.6% either never went to school or did not complete primary level of education. Since the eligibility criteria were people above 55 years, we cannot comment on with clarity if the 4.6% population of participants belonged to which age group.

Population Citizenship Status:

The survey was conducted randomly and so we listed the following options: Citizens, Permanent residents, and Visitors, it was interesting to see that Permanent residents topped the charts by sharing the 61% slot and Citizens were 35.3%. Visitors also

participated with a 0.7% ratio. However, some chose not to respond or missed the question on survey.

Population Use of Aids:

Canadian values acknowledge Inclusion and diversity and hence participants were having aids to support hearing, vision, and mobility. 13.9% had visual aids, while hearing and mobility aids slot was shared at 7.5%. Inhalers and EpiPen were used by

POPULATION USE OF AID

4.6% whereas, 66.5 % population chose not applicable as their response.
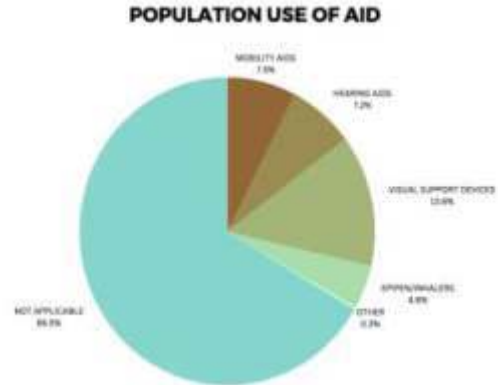
Population caregiver identity information:

Seniors were also asked if they were providing care to the senior counter part or a younger adult requiring support and/or had limitations or diagnosed disability. It is important to note that

IF YES, WHAT IS THE AGE OF PERSON RECEIVNG CARE FROM YOU?
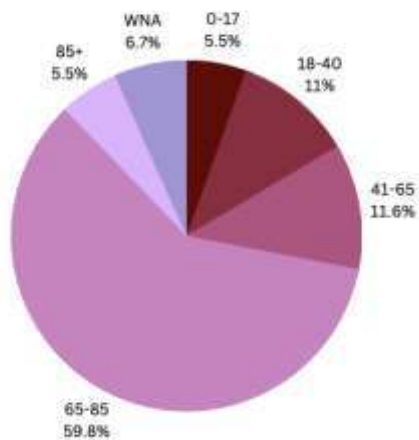
IF YOU RECEIVE CARE, DOES YOUR CAREGIVER HAVE A DIAGNOSED DISABILITY?
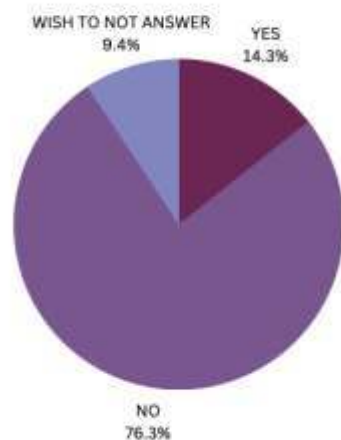
caregiving provider will need to invest more time, energy and efforts to ensure that care is provided appropriately and safely.

ARE YOU A PERSON GIVING CARE?
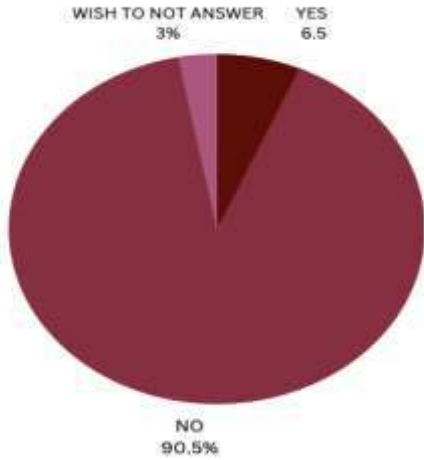
59.85% participants confirmed that they provided care to individuals of 65-85 years of ager, most probably their own parents and/or seniors in the household/community. But it is also interesting to note that seniors were care providers for a variety of age group: 5.5%- 0-17 years, 11% to 18-40 years, 11.6% for 41-65 years 5.5% to 85 years and older.

The age groups from 0-65 years and if disability is not diagnosed, then in most cases seniors are playing a significant role like cooking, cleaning and child-minding/child supervision activities. However, some seniors were also receiving care from caregiver who themselves were diagnosed with disability. 14.3% caregivers had a diagnosis of disability of their own and were engaged in providing care while 76.3% had not disability diagnosis.

Population recipient information:
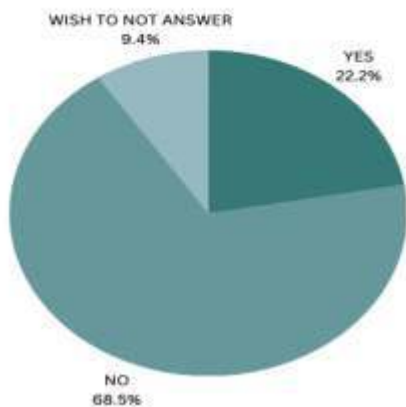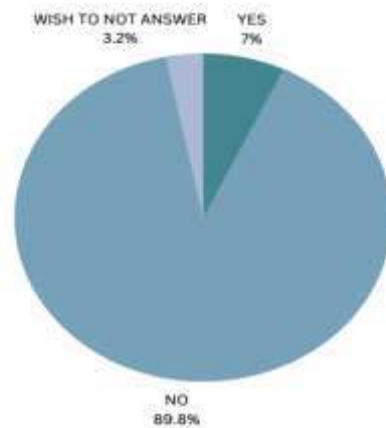
Data about care recipient with a diagnosed health condition revealed that 68.5% care recipients did not have a diagnosed disability whereas 22.2% had a diagnosis. It is worthwhile to note that providing care to a care recipient with diagnosed disability may pose added challenges for the care provider due to the care providers own compromised health condition due to aging. However, 89.8% of the participants denied if they were care recipients, while only 7% were receiving care and 3.2% participants chose not to answer.

GOALS

The Islamic Foundation of Toronto is a non-profit organization dedicated to improving the lives of racialized and marginalized seniors Scarborough. Through the senior's friendly project, we hope to increase health and wellness across seniors in the Scarborough Region, helping diverse senior reach a higher quality of life as they age.

This project seeks to achieve the following main goals:

1. Create awareness about the Age Friendly Community of Scarborough

2. Seniors will learn about the facilities provided to them in Scarborough

3. Seniors will use parks and rec facility with families

4. Seniors will be trained to advocate for themselves through these programs

5. Seniors will educate themselves through these programs and stay informed

6. Well informed choices will be made by these seniors

7. Senior isolation will be decreased by participating in inclusive programming.

8. Active lifestyle will be adopted by these seniors

9. A major support system will be created by these seniors within the community

10. Seniors will introduce these programs to their friends and families

METHODS

Information and expertise were collected from the community in three main methods:

online survey, focus group discussions, questionnaires by volunteers. Due to Covid 19 outbreak, the access was quite challenging which is why the project was extended as the required amount

number o participants was hard to reach. The AFC project engaged some members who were

having a role of healthcare providers in the community to understand their perspective about the

age-friendly community resources. The participants who chose to take the online survey on

survey monkey had the facility and convenience to complete the survey at their preferred time

and place. The survey was in English so it may be estimated that the participant was a high

school graduate or at least completed high school or was efficient enough in literacy skills to

attempt the survey. To ensure accessibility, participants who opted for a paper and pen survey

had someone who could be approached for clarification of the question or that the survey be read

to the participant. A breakdown of the groups and methods are shown below:

SURVEYS	DURATION
Community surveys online Participants:	February2021- June 2022
Senior focus groups Participants	February2021- June 2022
Service providers focus group via zoom Participants:	February2021- June 2022
Service providers focus group via volunteers Participants:	February2021- June 2022

Community Survey:

Online surveys developed through Survey Monkey were distributed through emailing lists for

senior-oriented groups in Scarborough Region on posters, through advertisement in the

newspaper, and through snowball sampling in the community (All groups involved in the

distribution of the survey are recognized in the Special Thanks on page 2). Participants were seniors (55 and above) in the Scarborough Region. The survey was provided in English. Sent surveys at homes, hard copies.

In total, we received 1000 Surveys, with some missed information on a few surveys' responses. Responses were received from seniors of diverse ages and cultural backgrounds. More information about the demographic responses to the survey are provided in the demographics section. All participants were provided with a brief survey on their community living experiences (for a copy of the survey used, see Appendix A) Once completed, they were given the option to provide their email to receive a $5 honorarium in compensation for their time. In order to maintain confidentiality and provide the greatest comfort and flexibility to survey respondents, survey respondents were given the option to skip any question that they may have felt unqualified to answer or uncomfortable responding to.

Community Focus Group:

10 Focus groups were conducted with seniors in the community in follow-up to the online survey, to get a more complete picture of issues and experiences. Three, two-hour sessions were completed through Zoom. All sessions conducted followed the same ten guiding questions based on the dimensions of a Seniors' Age-Friendly Community (included in Appendix C).

Many senior involved were active members of the community with much passion and wisdom to share about their experiences. With consent three of four were recorded, and the main points of each are summarized throughout this report.

Service Provider Focus Group:

The service provider focus group was conducted with Scarborough Region service providers who work with seniors. A two three-hour focus group was conducted on Zoom to get a better picture of the issues service providers see seniors in the community struggling with, barriers to their abilities in providing services, and some of the more important services they would like to see implemented in the Scarborough Region. Discussions were guided by nine questions- about being a senior service provider in the Scarborough Region (included in Appendix D). There were little challenges to conduct the service provider focus group as the providers had a clear picture in mind about the resources, efficiency in using the internet and attempting and responding to surveys. English literacy skills were fluent.

Results

Many important aspects of providing senior care and enriching the lives of seniors were brought up in this discussion. The main points of each survey group are summarized in the result section with the aim to highlight the areas of concern and satisfaction to make community age friendly. To better understand the results are discussed as the dimensions of healthy ageing community. The dimension of healthy ageing is first briefly described followed by graphical representation of the data. Graphical representation is the supported by the interpretation in the text followed.

1. **Outdoor spaces and buildings:**

Mobility, independence and quality of life have a great impact on healthy ageing. Accessibility and safety enhance the everyday productivity of the senior as independence is not compromised. (WHO, Global Age-friendly Cities: A Guide, 2007: 12). Outdoor spaces may include sidewalks, parks, amenities, shopping facilities like grocery stores and shopping malls, health care

providing facilities and pharmacies. Outdoor spaces and buildings (indoors) not only allow for increased independence but also support seniors' social participation and opportunities to remain physically fit possible if safety and security is ensured. It was interesting to see that more than two-thirds of the participants agreed that public areas were clean and well lit, with seating available was placed and that pedestrian crossings were frequently easily accessible and safe.

PUBLIC AREAS ARE CLEAN AND WELL LIT.

PEDESTRIAN CROSSINGS ARE FREQUENT, EASILY ACCESSIBLE, & SAFE.

PUBLIC SEATING IS AVAILABLE AND WELL PLACED.
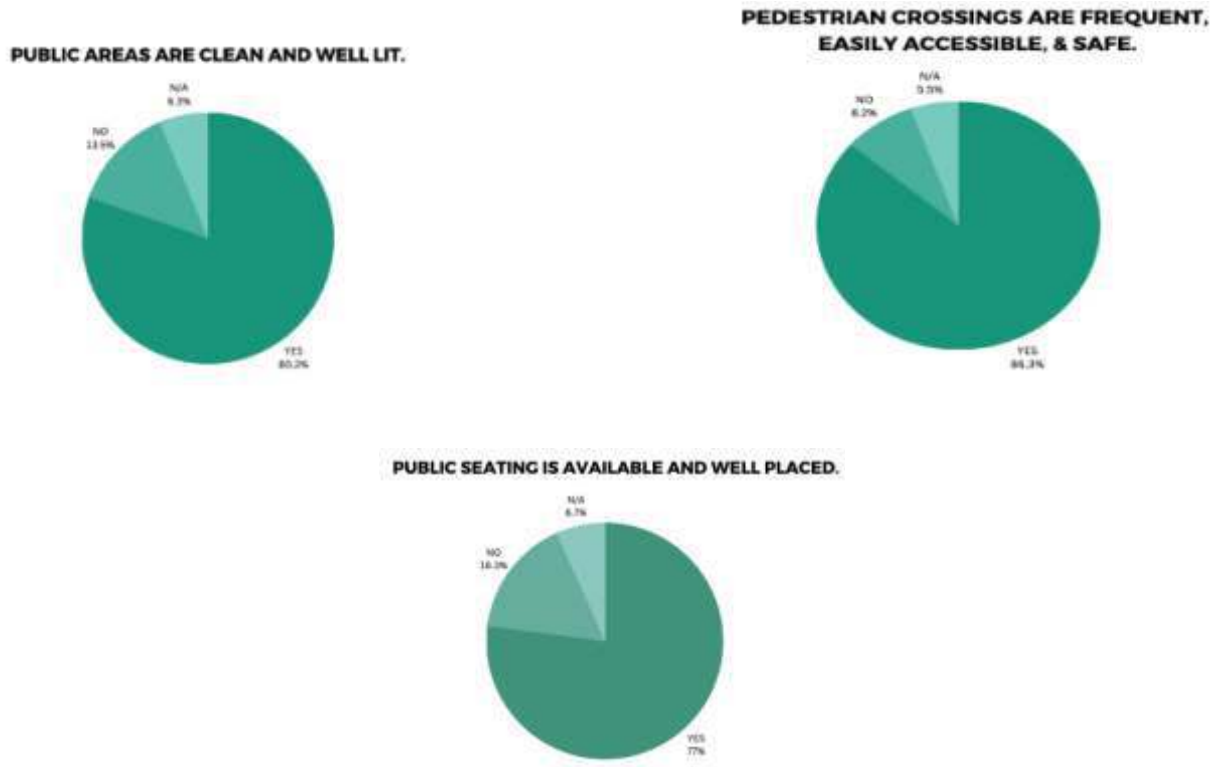
However, since more than 50% of population fell in the age range of 55-70 years, where many clients were not having major health issues, it is a possibility that they may have not come across some challenges which the population of 70 years and above were facing. Certain medical conditions like stroke, visual and hearing impairment, balancing issues are key factors. The data does not suggest if the earlier stated factors were evaluated, hence there is a need to be assessed further. These are the seniors who use the facility, some may not be using pedestrian crossing due to fear of falls and accidents or were having pick and drop available for all outdoor activities.

Recommendations:

1. Improved lighting in public areas

2. Evaluate for safety protocols and falls risk

3. Seating places to be increased as participants reported fear of fall. More seating places will help manage fatigue, an important factor in fall.

4. Educate senior for falls risk prevention.

5. Arrange for planned visits in the community to familiarize the seniors with outdoor spaces.

6. Pedestrian crossing needs more clear marking and a speaker support for impaired vision issues.

2. Public Transportation:

With growing age, limited physical capability driving may become challenging for many seniors. The importance of transportation increases even more than for any age group. Affordability and accessibility are the parameters for transportation for all and for seniors significant when the earnings are limited. Transportation not only supports navigation in the community and accessing resources like healthcare, grocery, recreation etc. but also encourages civic participation one of the key components to encourage community participation. However, the efficient use of transportation by seniors would depend on the physical and mental health, access, and the routes that the transport would cover so that the everyday needs are met with maximum independence and comfort (WHO, Global Age-friendly Cities: A Guide, 2007: 30). Another factor that would determine the efficient use of transportation is what the seniors think about the convenience, safety, affordability, and accessibility of transport by the seniors. And if variety of transport options are present like

Wheel-Trans and other taxi services. The road sign, pelican/ pedestrian crossings having both light sign and sound to inform the signal to cross and the sidewalks maintenance.

The dimension of transportation was assessed on a variety of areas affordability, accessibility, availability, routes, roads and pathways, and mobility convenience. 79% participants confirmed that they used public transportation frequently while only 11.5% did not, although, 72% population had a driver's license and 71% had access to a vehicle as well.
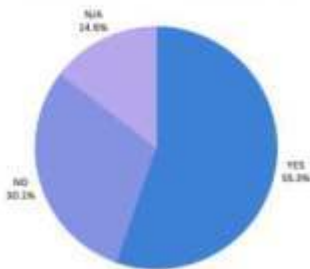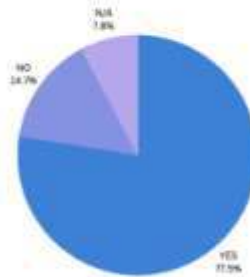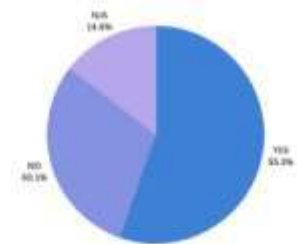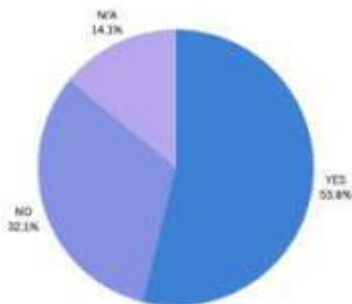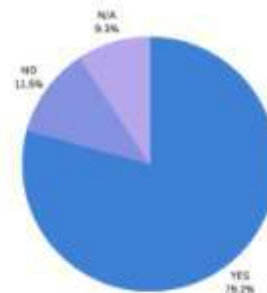
However, 55% participants considered public transport affordable whereas 33% found it
hard to manage the fares. 55% participants needed assistance to ride the bus, whereas 30% faced
issues when seeking assistance from the transit workers and 12.3% responses were marked as not
applicable. One-third of the participants faced issues. On the other hand, a similar trend was
seen when Wheel-Trans was requested. 53.8% participants were finding it convenient to request
Wheel-Trans whereas 32.1% had challenge. More than one third of participants had challenges
in either accessing or seeking help with transport and Wheel-Trans may need further assessment
as to which pillar of inclusion out of access, attitude, choice, partnerships, communications,
policy or opportunities served as the barrier and root cause.

SNOW IS REMOVED FROM SIDEWALKS AND PATHS.
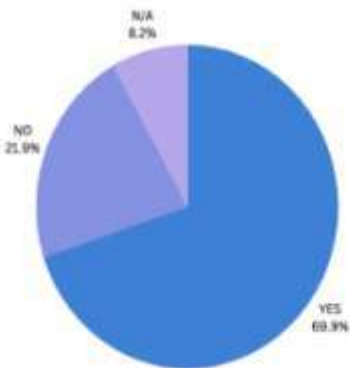
WERE YOU ABLE TO ACCESS THE COVID-19
VACCINE CLINICS CONVENIENTLY?
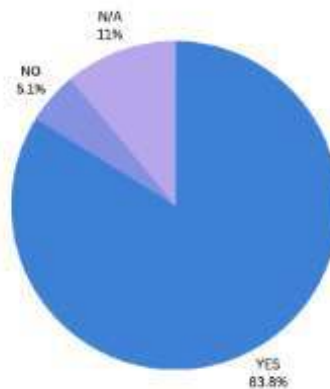
Wheel-Trans applications are not easily approved, these challenges are faced by these seniors frequently. They find it the most challenging task to join the programs due to lack of transportation. Small electric shuttles should run in between streets to provide transport to such seniors, leading to many more employment opportunities in the city.

ESSENTIAL SERVICES (GROCERIES, DOCTOR'S OFFICES, ETC.) ARE WITHIN REASONABLE TRANSPORTATION DISTANCES.

PUBLIC TRANSPORTATION ROUTES ARE EASY TO DETERMINE AND AVAILABLE TO ACCESS IN YOUR PREFERRED LANGUAGE.
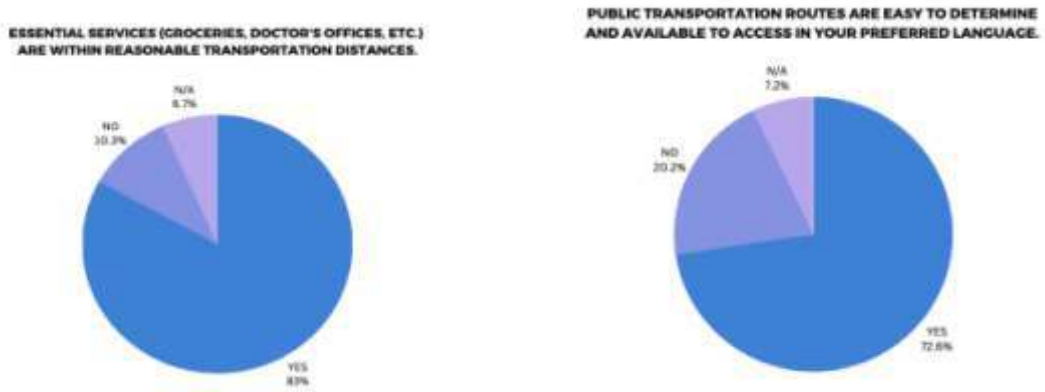
When asked if the roads and parking spaces are well lit and maintained 77% agreed and 14.7 % denied, 7% responses were not applicable. 70% agreed that snow was removed from sidewalks and paths but 21.9% did not agree, 8.2% responses were not applicable. It is not certain if the Not Applicable response is because the participants chose to ignore the question or were unsure of their opinion as they did not use the parking space since 79% participants had confirmed earlier that the transportation was frequent and easy to use and 22.6% did not have a license. During the pandemic approach to the vaccination site was a very important factor in satisfying the dimensions of healthy ageing. 83.8% participants were able to access the COVID-19 vaccine clinics conveniently, while only 5% had challenges but it is also worth noting that 11% did not chose to respond and picked Not Applicable as their choice. More then three fourth of the participants considered that essential services like groceries, doctor's offices, etc. are within a reasonable transportation distance making up to 83% while 10% did not agree. There may be a possibility that 83 % participants who agreed were dwelling in high rise apartments and the amenities were in close proximity as compared to the approach when dwellers are in houses.

However, since the data cannot be used to confirm claim cannot be justified. Some seniors live in basements and houses. Due to the rent increase, senior tenants found it challenging to maintain their house or live independently out of their limited income.

Recommendations:

1. Reduction of fares for reduced transit fee and when municipal zones are crossed.

2. One child under 6-12 years be free to encourage reduction of intergenerational gap.

3. Well lit and heated shelters to reduce discomfort during wait times.

4. Wheel-Trans accessibility needs to be re-evaluated, meet with partners to discuss and eliminate barriers in booking a Wheel-Trans within a reasonable time.

5. Evaluate the electric shuttle suggestions to ensure that accessibility to employment and community is easier.

6. Check the transport bus route's accessibility to community resources like groceries, clinics, etc. and consider electric shuttle solution.

3. Housing:

Housing is not just a place where seniors live but needs to be a place where seniors move without the fear of getting hurt, fall, affordable and fulfils their unique needs. Structure, design, location, and choice may be diverse however, if the house is close to amenities and/or is meeting the needs of the senior dwellers, maintains independence by adapting modification would allow the seniors to remain in their homes and have a positive impact on the mental health and quality of life of the seniors. (WHO, Global Age-friendly Cities: A Guide, 2007: 30). The dimension of housing was assessed for individuals who also identified themselves as disabled. The participants

responded to questions related to owning and renting, affordability, maintenance, amenities access and supports for seniors and long-term housing. House conditions were also reported a safety risk factor with regards to lighting and falls. However, the expensive electricity was a limiting factor for having enough lighting to ensure the place used by seniors are well lit and does not have glare. This also raises the issue if the seniors would have a discounted rate for Utilities and power around Greater Toronto Area.

HOME MAINTENANCE AND SUPPORT IS AVAILABLE AND AFFORDABLE

The survey had some startling results. More than half of the participants denied having affordable housing. It can be noted that housing was limited for 51.3% of disabled older adults and 51.4% unavailable when Long-Term care was required. 55.5% Participants expressed concerns as they faced challenges with available and affordable home maintenance.
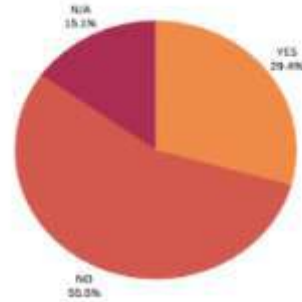
SENIORS HOUSING IS AVAILABLE FOR DISABLED OLDER ADULTS.
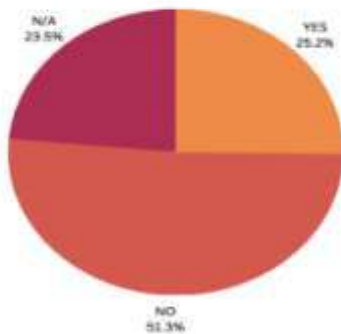
LONG-TERM CARE HOUSING IS AVAILABLE WHEN REQUIRED.
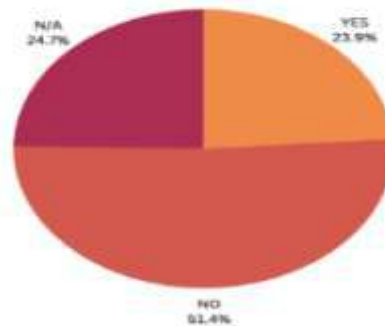
Challenges with rental and owned housing were at 55.8%, while 29.4% had affordable and maintenance and 23.34% had well managed rental properties. It is alarming to see that 57.9% participants did not agree that they would be able to own an independent housing, whereas 32.4% owned house.

OWNING AN INDEPENDENT HOUSING IS AVAILABLE, AFFORDABLE, AND SUFFICIENT.

N/A 9.7%
YES 32.4%
NO 57.9%

RENTAL HOUSING IS CLEAN, AFFORDABLE, AVAILABLE, AND WELL-MAINTAINED.

N/A 20.7%
YES 23.5%
NO 55.8%
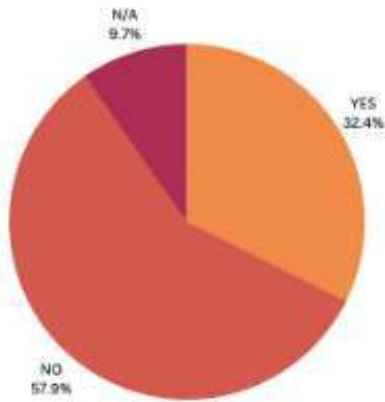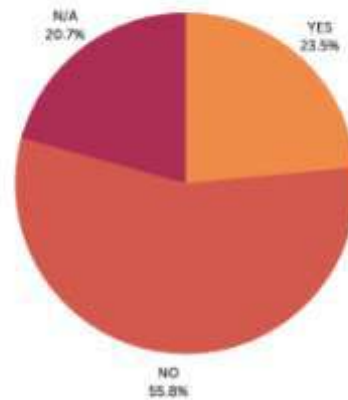
Housing was close enough to other amenities like parks, stores and hospitals/clinics was considered as Yes by 53.7% responders and 31% denied. It's interesting to see that 20.7% chose Not applicable (NA), whether the responders who chose N/A were visitors or sharing house with children cannot be confirmed. It is a common tradition in the demographics for this survey population that housing is shared by more than one generation.

However, the survey was attempted by 0.6% visitors it may be a possibility that they did not respond to the question.

Recommendations:

1. Evaluate affordable housing options available in the community.

2. Explore options for adaptation to accommodate senior housing.

3. Fostering seniors' option for families who wish to participate in reducing intergenerational gap.

4. Discussions with community partners and government stakeholders to support families with multi-generational housing.

5. Ensure home assessment is performed to ensure that the housing is senior proof.

4. Civic participation and Employment:

Civic participation and employment were assessed for both paid and volunteer opportunities. 53.5% participants believed that work opportunities were either not widely available and if available had challenges with flexible schedule and were not appropriately paid. Only 27.8% were satisfied with work opportunities, flexible work schedule and compensation. Half of the participant did not find that volunteer opportunities were available with training, whereas, 36.3% participants appreciated the response as YES, while 13.1% chose not applicable, cannot be confirmed if the participants did not attempt to avail the opportunity or they found it challenging to get one (They are seniors and do not need to work, so they put Not Applicable). On the contrast half of the participants think that government leaders engage the community to ensure everyone is involved in Government processes, practices and decisions whereas 37.2% do not agree. This contrasts with the response for work opportunities available where around half of the participants thought that work opportunities are significantly available. Voting stations accessibility and availability was an important issue as voting serves to be an important civic obligation. 74.5% participants were satisfied which make up almost two-thirds of the total participants, whereas 16% did not appreciate that voting stations were convenient to access or identify. 9.5% chose not applicable may be because 61% participants were permanent residents,

the visitors were only 0.6% hence they did not cause significant impact. But another interesting fact is that despite that more than half were not eligible to vote they still had interest in voting station's availability and accessibility.

VOLUNTEER OPPORTUNITIES ARE AVAILABLE WITH PROVIDED TRAINING.
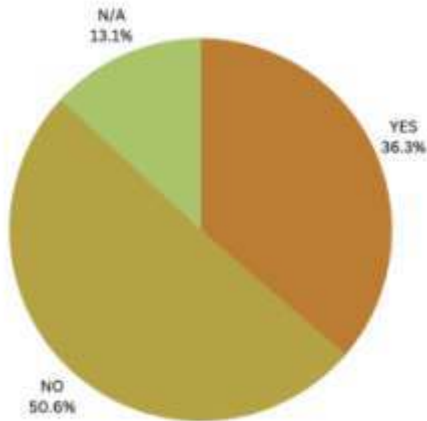
N/A 13.1%

YES 36.3%

NO 50.6%

GOVERNMENT LEADERS ENGAGE THE COMMUNITY TO ENSURE EVERYONE IS INVOLVED IN GOVERNMENT PROCESSES, PRACTICES, AND DECISIONS.

N/A 12.7%

YES 50.1%

NO 37.2%
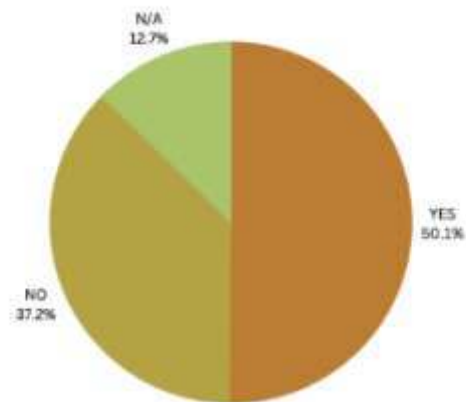
VOTING STATIONS ARE EASY TO IDENTIFY AND ARE ACCESSIBLE.
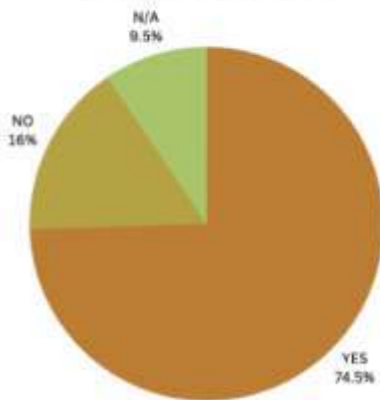
N/A 9.5%

NO 16%

YES 74.5%

WORK OPPORTUNITIES ARE AVAILABLE. FLEXIBLE, AND APPROPRIATELY PAID.

N/A 18.7%

YES 27.8%

NO 53.5%
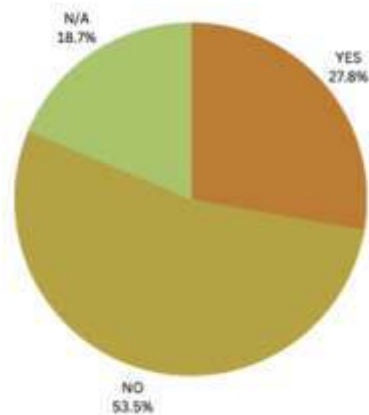
It cannot be ascertained if the educational level had some impact, as around 40% participants had a college program and 6 % were professionals. This may have been a contributing factor for the 72% responding as Yes. It is important to be noted that 18.7% participants checked Not applicable. This may be the case as in some ethnicities that took part in the survey females didn't

opt to work and so they checked NA, as only 0.7% were visitors, who are not entitled to take up employment in Canada as per labour laws hence their impact may not be significant.

Recommendations:

1. Engage the seniors from the community with government bodies to ensure everyone is involved in Government processes, practices and decision.
2. Explore opportunities for seniors to obtain paid employment in the community-crossing guard, etc, at school- during lunch hours, for reading to children, etc, hospitals etc, to encourage civic contribution and participation.
3. Training programs about computer applications.
4. Connect the seniors with reasonable transportation to and from work locations.
5. Explore volunteer paid and unpaid positions in the community.
6. Planned visits to the Voting stations to encourage civic participation.

5. **Respect and Social Inclusion:** Canada holds strong values for the ageing population and the older adults are treated with respect, ensured that they feel safe physically, mentally and financially is considered a priority. The productive contribution of older adults

YOUR CULTURAL HERITAGE IS SUPPORTED AND CELEBRATED WITHIN YOUR COMMUNITY.

N/A 11.1%
NO 22.3%
YES 66.6%

SENIORS ARE RECOGNIZED BY THE COMMUNITY FOR THEIR PAST AND PRESENT CONTRIBUTIONS.

N/A 13.4%
YES 38.4%
NO 48.2%
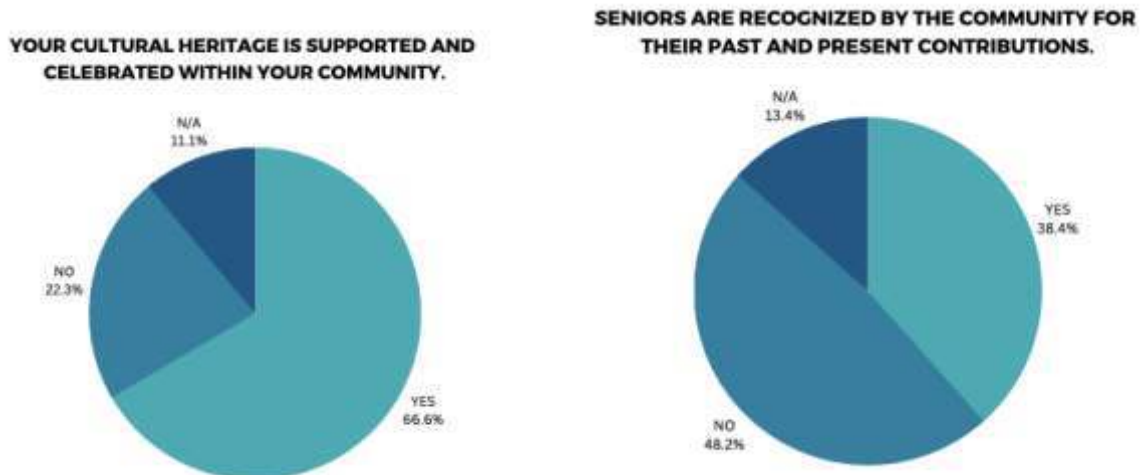
towards their children and to the younger age members of the community includes paid and unpaid work, support with childcare, cooking and cleaning while their children are away studying or working and volunteering in a variety of civic events is highly appreciative. (Vanderplaat, Ramos and Yashoda, 2013). However, the challenges that the ageing participants of the survey is not only limited to social isolation due to decrease in job demand for their age, but also because chances of civic participation, community engagement and rapidly changing working style decrease significantly. The challenge is more complex in immigrant parents due to the language barrier, difference in cultural practices, racism, family and relationship issues, housing and economic changes that impact significantly on the ageing process, civic participation (discussed earlier in depth) and access to health care, community, social, religious and cultural resources and the increased risk of elder abuse. (Guruge, Wang,

Sethi, Spitzer, Walton-Roberts and Hyman,

2019). The impact of COVID-19 has magnified the already complex impact of social inclusion in older adults due to the fear of contracting the disease. The survey was conducted during COVID-19 and therefore, the responses may also reflect the latest trends in the general understanding about being respected and

LOW-INCOME SENIORS ARE STILL ABLE TO ACCESS SERVICES.

N/A 13.8%
YES 38%
NO 48.2%

inclusive. It may also be noted that older adult's experience of inclusion may vary based on the demography, personal choices and the economic stability of them and their
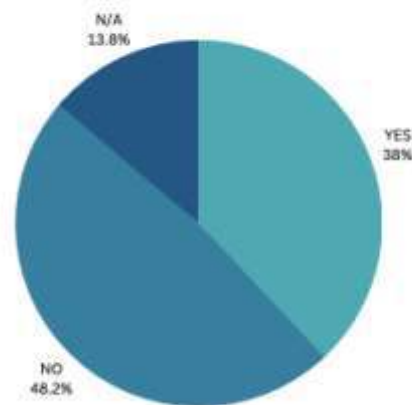
caregivers (children in most cases). The SFC project aims to understand the older adult's perception about their well being, safety respect and inclusion.

SERVICE STAFF ARE COURTEOUS AND HELPFUL.
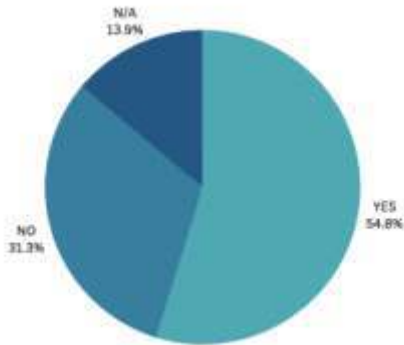
- N/A 13.9%
- YES 54.8%
- NO 31.3%

DO SCHOOLS PROVIDE OPPORTUNITIES FOR OLDER PEOPLE TO GET INVOLVED IN ACADEMICS?

- N/A 17.3%
- YES 25.6%
- NO 57.1%
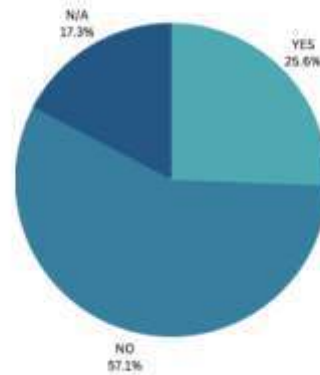
It is alarming to note that 48.2% participants did not agree that their efforts in the past or present are recognised by the community, whereas 38.4% declared that they felt the efforts were

ARE THE ACTIVITIES AND EVENTS DELIVERED SPECIFIC TO YOUR AGE AND PREFERENCES?

- N/A 14.8%
- YES 45.2%
- NO 40%

ARE YOU INFORMED ABOUT THE SERVICES DELIVERED IN YOUR COMMUNITY?

- N/A 9.5%
- YES 42.6%
- NO 47.9%
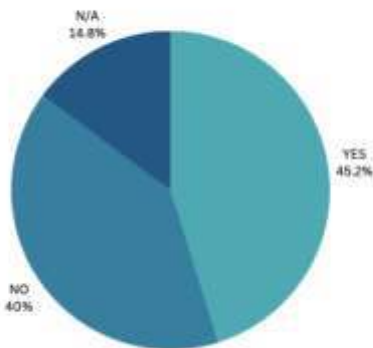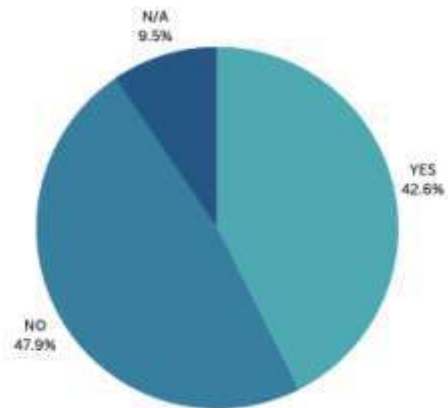
appreciated, while 13.4% chose not applicable. The COVID -19 pandemic may have an impact as seniors were isolated in their homes due to the fear of being infected may have played a role in the choice made. The increased use of technology during COVID-19 may have been an added component as many seniors were not fluent with applications and devices. A disagreement of 47.9% was seen when asked if the seniors were informed about the services delivered in the

community while only 42.6% said yes and 9.5% participants chose not to respond. 47.9% seniors did not find activities were designed keeping in mind their age or with their perspective while 45.2% were satisfied, however 14.8% chose not applicable. Despite that the seniors did not like the activities to be of their age 66.6% seniors appreciated that their cultural heritage is well supported within their community. A high result may be because majority of the cultural activities were conducted by their faith institutions. An eye opener component towards inclusion was when 57.1% seniors stated that they were not involved in the academic, though as stated earlier that the older adult had significant contribution in child rearing activity. The results call for designing Intergenerational projects where the older adults could be involved in the academic support for the children. As we stated earlier that economic instability may be reason of social exclusion, we see that 48.2% of our participants denied that Low-income seniors are having access to the services, while only 38% agreed having significant access. However, 13.8% participants chose not applicable. It is also important to note that only half of the participant felt that the staff are courteous and helpful, whereas 31.3% did not like the behavior of staff. Further evaluation is needed here, to understand if the staff at the services were not trained to communicate with seniors, language barrier was an issue or forgetfulness, and chronic medical conditions were the result of feeling neglected and disrespected.

Recommendations:

1. Provide diverse and inclusion training for service providers and access to translation services for seniors who have language barriers.
2. Design intergenerational community projects that will bridge the gap.
3. Explore opportunities for seniors to participate in academics at school, library, for homework support.

4. Child rearing activities to include seniors.

5. Baby sitting organizations to explore the participation of seniors in their activities.

6. Staff is trained to address the need for language.

6. **Health and community resources:**

The dimension of health and community resources was assessed for a variety of aspects including mental health, availability, accessibility, safety of the facilities, home care availability, attendant care such as housekeeping and personal care needs in participant's own dwelling and waiting time to access the resources. The behavior of health care service providers and the delivery of care was appreciated by 75.9% participants. However, 9.2 % did not agree 14.9% chose not to answer. 77.1% participants were satisfied with the safety and accessibility of health and community buildings. However, a small number of participants were not in agreement, and

HEALTH AND COMMUNITY BUILDINGS ARE SAFELY DESIGNED AND ACCESSIBLE TO PEOPLE USING MOBILITY DEVICES.

N/A 13.6%

NO 9.3%

YES 77.1%

INFORMATION ABOUT HEALTH AND SOCIAL SERVICES ARE CLEAR AND ACCESSIBLE.

N/A 13.6%

NO 19.4%

YES 67%
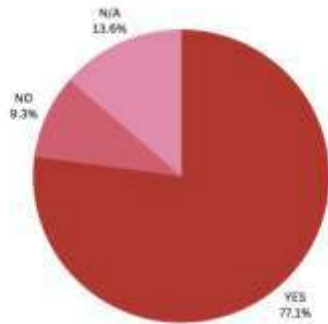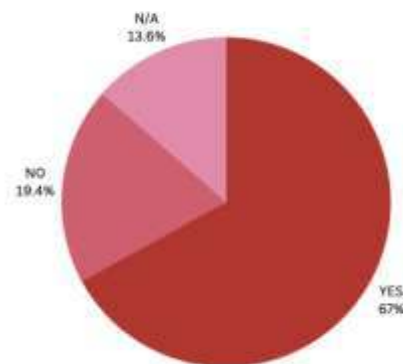
13.6% responders checked not applicable. It cannot be ascertained if the 13.6% had challenge understanding the question or did not want to comment altogether.

As per participant demographics around 25% participants used aids for hearing, vision and/ or mobility while Inhalers and EpiPen were used by 4.6%, whether participants had a challenge because of the aids, using aids and navigating the environment or the fear of being excluded may be evaluated further. The possibility that 13.6% did not access healthcare is rare as

HOME CARE SERVICES ARE AVAILABLE, SUCH AS HEALTH OR PERSONAL CARE AND HOUSE-KEEPING.
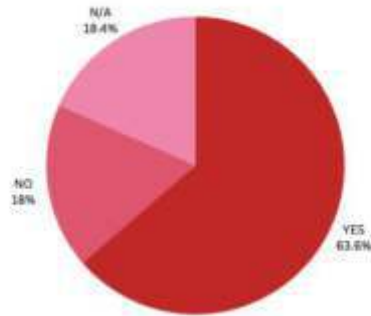
N/A 18.4%
NO 18%
YES 63.6%

HEALTH AND COMMUNITY SUPPORT SERVICES PROVIDE QUALITY SERVICE TO INDIVIDUALS AND IS CONVENIENTLY LOCATED.

N/A 11.6%
NO 9.9%
YES 78.5%
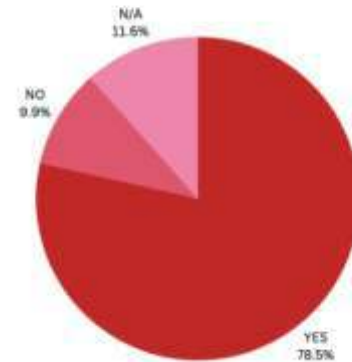
the Ontario health Insurance Plan (OHIP) permits for one complete physical assessment every year and Cataract surgery for people over 60 years are both covered as part of the OHIP plan. On the other hand, 78.5% participants agreed that health and community support services

HEALTH SERVICE PROVIDERS ARE WELCOMING AND DELIVER APPROPRIATE CARE.

N/A 14.9%
NO 9.2%
YES 75.9%
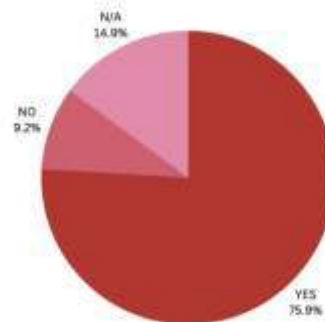
provided quality service to individuals and are located within reach, whereas only 9.9% participants did not agree and 11.6% chose to select Not applicable. The latter two responses combined would end up being around one-third of the total participants which raises the question about unsatisfactory quality of health care provided.

When questioned if mental health care was affordable and available, it is alarming to see that 44.5% of participants did not agree that mental health care was affordable and available and only 38.2% participants agreed with available and affordable health care. However, 17.3% participants responded as Not Applicable which is a significant number. It can not be determined if the 17.4% participants did not try to access or were not referred to one. Mental health issues and receiving mental health care have a stigma attached to them, which is why many people will suffer silently and will never access mental health care. The high number of participants responding as NA may be due to the fear of being identified or labelled. Overall, throughout this question around 14% participants chose not to respond, which is raising question whether why the participants found the question complicated, did not have much interaction to respond or did not feel comfortable sharing their opinion.

Recommendations:

1. Evaluate the health care availability for seniors to identify the barriers.

2. Reduce wait times and ensure that transportation is booked promptly when needed.

3. Mental health services should be provided free of cost, and with a commitment of maintaining anonymity.

4. More than one complete assessment to be offered through OHIP as the needs of the seniors may change rapidly.

5. Health care providers should be trained for attending seniors, this may include greetings, communication and supporting the seniors to access health care.

6. Explore opportunities to have seniors as paid/ unpaid volunteers who can participate with health care providers to build trust, provide senior input and create positive relationships with seniors and HCPs.

7. Communication and Information:

Staying connected, informed, will ensure staying healthy, mentally and physically well maintained and connected with the social groups of choice. Staying current and up to date with the changing trends, news and events in the communities also help the seniors to have sufficient information needed for healthy ageing (WHO, Global Age-friendly Cities: A Guide, 2007: 60). However, the newer forms of technologies, especially the increased and rapid shift of technology usage during COVID-19 also had a negative impact on the productivity of seniors. As we know that many seniors lacked the knowledge to use technologies, while some had challenge with access. Devices at home were used by adults and children attending work and academics respectively, leaving little option of availability of the devices to the seniors. The criteria of diversity and inclusion also calls that every effort is made to ensure information is disseminated to all the potential participants regardless of their economic, social, cultural, religious connections so the independence and freedom of making an informed choice is made possible. IFT supplied and trained seniors to use iPad, to enable digital communication. Seniors were very happy when they were able to connect with their loved ones, families and friends within their community during COVID-19 and outside the community across the globe. Seniors loved to remain present virtually in ceremonies and events back home.

The senior's participation, inclusion and productive contribution in civic events greatly relies on the efficient distribution of information. The social participation was the most effective way as the information would be distributed by word of mouth, which included reviews by the fellow seniors. However, during COVID-19 pandemic, the social participation was almost negligible, and seniors were confined to their dwelling, therefore information was only distributed using posters, newspaper, social media sites.

66.2% participants agreed that information about resources, news and updates was not only easily accessible but also well-distributed as well, however 23.8% did not feel they were well informed and 10% chose not applicable. However, 65.4% participants confirmed that information was well shared through social networks like flyers, newspapers, word of mouth etc. and only 22.7% chose to defer and 11.9% responded as not applicable.

INFORMATION IS ACCESSIBLE AND WELL-DISTRIBUTED TO RESIDENTS.

N/A 10%
NO 23.8%
YES 66.2%

COMPUTERS ARE EASY TO ACCESS AT NO OR MINIMAL CHARGE IN A VARIETY OF PUBLIC SPACES.

N/A 18.4%
YES 36.6%
NO 45%

INFORMATION IS WELL SHARED THROUGH SOCIAL NETWORKS I.E. FLYERS, NEWSPAPERS, WORD OF MOUTH).

N/A 11.9%
NO 22.7%
YES 65.4%
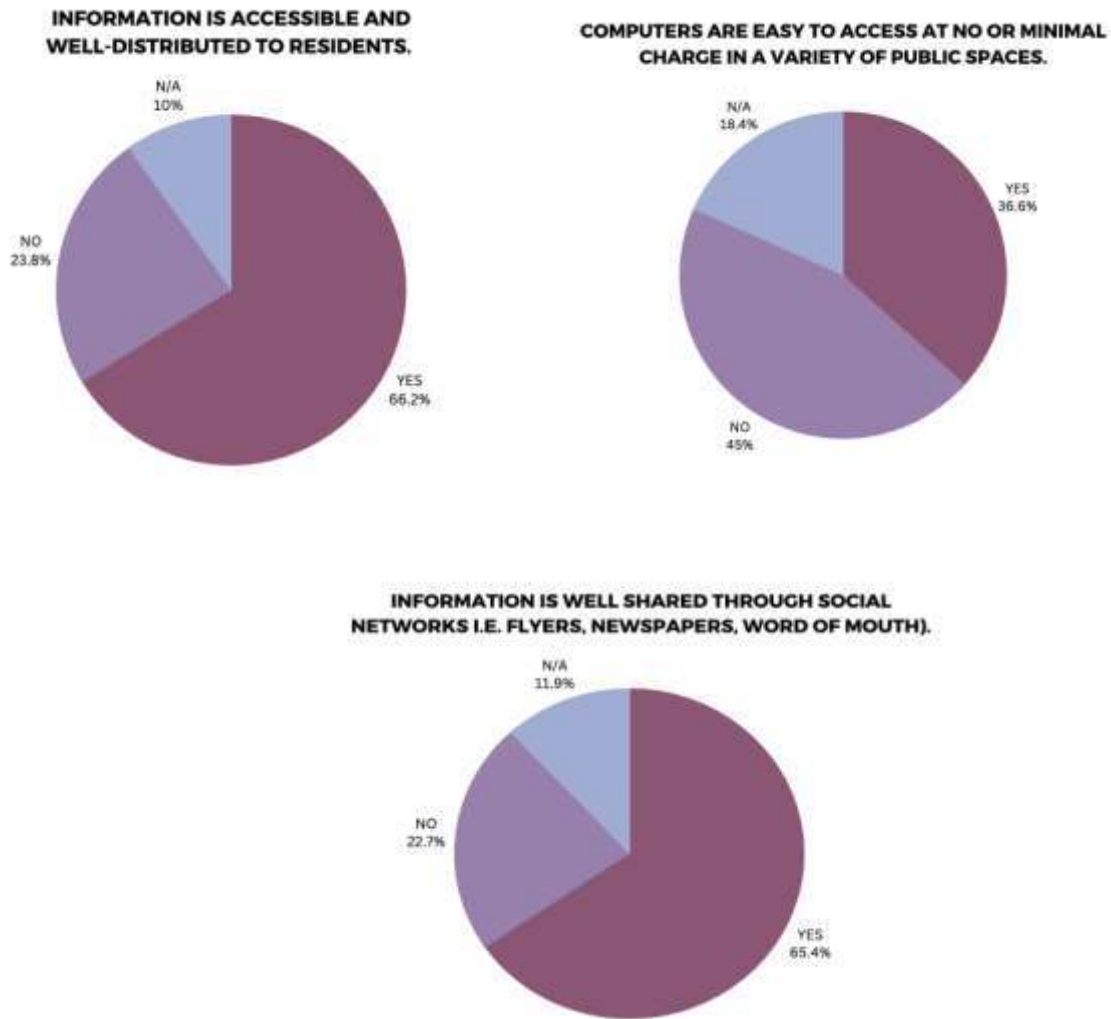
There may be a possibility that the seniors were used to reading printed newspaper and gain information about community events, whereas, accessing soft copies of the same may be a

challenge to navigate or use the devices. Another question about computers access in public

spaces also confirmed the earlier findings. 45% participants believed that the computer access

TELEPHONE ANSWERING SERVICES ARE SLOW AND CLEAR.

N/A
17.3%

YES
46.7%

NO
36%

INFORMATION IS PROVIDED IN YOUR PREFERRED LANGUAGE.

N/A
12.3%

YES
54.2%

NO
33.5%
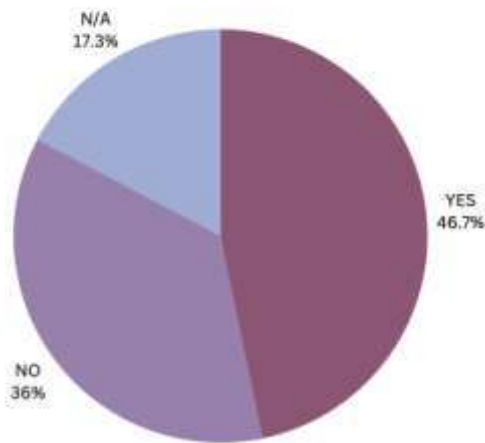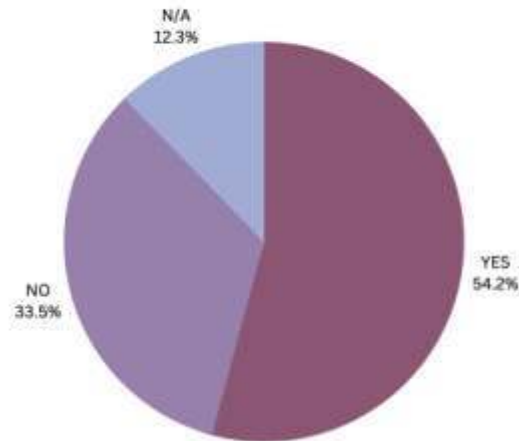
was a challenge whereas only 36.6% were satisfied and a significantly higher number of

participants suggested that not applicable. The participants who chose not applicable may be

those older adults, probably mostly females who had challenge with transport access or did not

leave dwellings by choice. But it is also interesting to see that less than half, 46.7% also did not

like the answering services on telephone and thought they were fast and not very clear. 36% felt

the telephone responding services to be fine while 11.9% chose not applicable. It may be noted

that since English is not the first language of many older adults as per demographic data, there is

a chance that lack of fluency may be the cause of unsatisfactory remarks for telephone services.

FONT ON POSTERS IS LARGE AND EASY TO READ.

N/A
14.3%

YES
53.5%

NO
32.2%

NEWSPAPERS ARE EASILY ACCESSIBLE AND INFORMATIVE.

N/A
15.7%

YES
51.6%

NO
32.7%
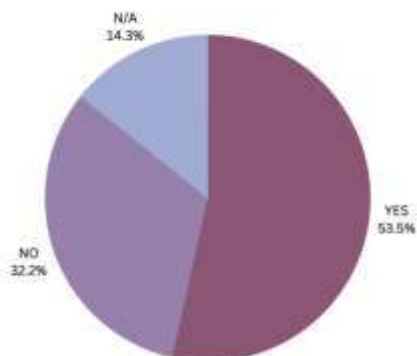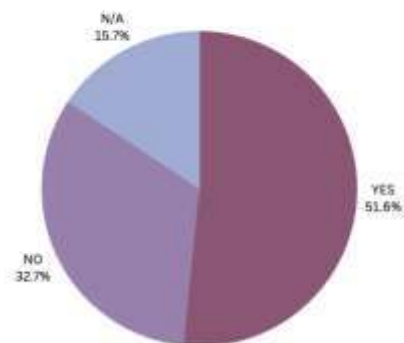
The inference is further strengthened when we find out that 54.2% participants agreed that they were able to find services in their preferred language while 33.5% had challenge and 12.3% chose not applicable. The posters sent out for distributing information were liked by 53.5% participants and 32.2% had challenge reading font while 14.4% chose not applicable. It is worthwhile to note that when posters for the survey were designed, the vision impairments of the older adults were kept in mind and the posters were designed with strong contrasts which may be a reason that more than half of the participants liked the font on posters, believed that the information was accessible through social networks. It may worthwhile if we can have a radio announcement and a time slot dedicated for seniors in variety of languages, to overcome the vision impairment faced by many seniors.

Recommendations:

1. Design programs that will train seniors on using technology and provide a certificate of completion

2. Provide training to use devices and access the applications that seniors need for daily life activities (banking, booking appointments, etc.)

3. Train the seniors to access Zoom, Teams or other platforms for improved communication and connection.

4. Ensure that printed content is senior friendly.

5. Ensure that language translation for material is available for people whose first language is not English

6. Train the seniors to connect with programs like virtual e-visits to health care or banks, read bills and labels, flyers, etc.

7. Design a senior led program where seniors are budded together to form a sub-group to remain connected especially with their religious events, cultural celebrations or neighbourhood community.

8. Social participation:

Social participation may be the most convenient way of integrating seniors in the community. When opportunities for social, cultural and leisure interaction are in-accessible, reduced or absent seniors feel isolated. Senior's population face income security and risk of elder abuse, and may end up with isolation, a significant cause of distress. The distress of isolation may be more complex when seniors face racism, language differences, migration related challenges out of which weather is the toughest. (Guruge, Sidani, Wang, Sethi, Spitzer, Walton-Roberts, Hyman, 2019). However, the role of ethnic communities in bridging the gap between the immigrant seniors and the new home is appreciated by Anthias (2017). Connecting with people from an ethnic, religious and social background, similar to their own help the seniors to share the familiar roles and ease the settlement process. IFT provides a variety of services to the seniors discussed in detail in the background section of this document. IFT also reaches seniors from racialized and marginal background is another accomplishment in fostering inclusion for spiritual, social, cultural and leisure activities. Social participation will allow for variety of exchange of information about events in the local community, friends and families abroad, current affairs, etc. (WHO, Global Age-friendly Cities: A Guide, 2007: 38). However, as discussed in the transport section some seniors reported issues related to affordability, accessibility and convenience of use of the transport services. Exchanging information, attending to activities and appointments for health and civic purposes, exploring the outdoor spaces are some of the many options possible with transportation. Social participation greatly supports an active lifestyle and mental health.

The Social participation survey suggested that 53.32% seniors agreed that the information about events and activities was clearly shared and easy to access. However, 33.8% did not agree to the idea while 13% chose not applicable. 56.8% found the community activities to be affordable to attend, while 64% found the activities are interesting (most were participants of IFT). However, 30 % found it challenging to attend the activities as they were out of their

INFORMATION ABOUT EVENTS AND ACTIVITIES IS CLEARLY SHARED AND EASY TO ACCESS.

N/A 13%
YES 53.2%
NO 33.8%

COMMUNITY EVENTS AND ACTIVITIES ARE AFFORDABLE.

N/A 13.2%
NO 30%
YES 56.8%
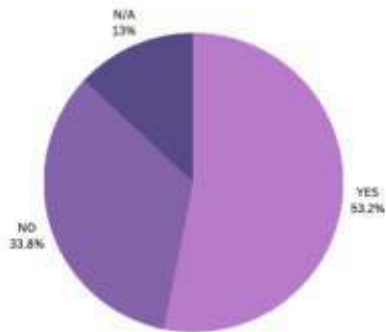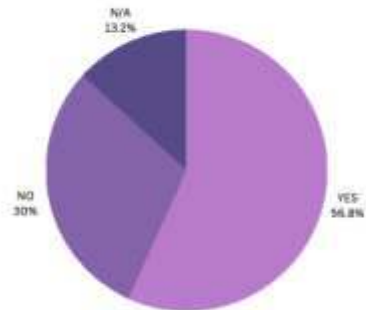
finances and only 23.6% found the activities were not of their interest. Interestingly around 12% participants chose not applicable in both the earlier stated questions.

DO YOU FIND COMMUNITY EVENTS AND ACTIVITIES INTERESTING?

N/A 12.4%
NO 23.6%
YES 64%

ACTIVITIES OFFERED IN THE COMMUNITY ARE INCLUSIVE OF SENIORS.

N/A 17.5%
NO 31.5%
YES 51%
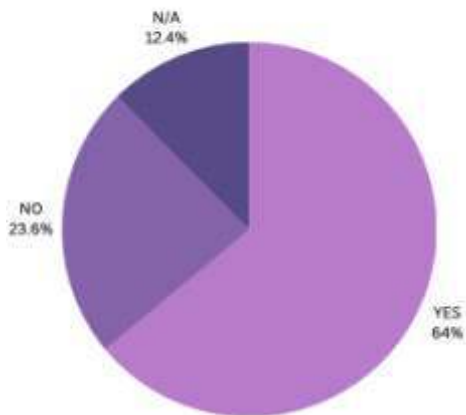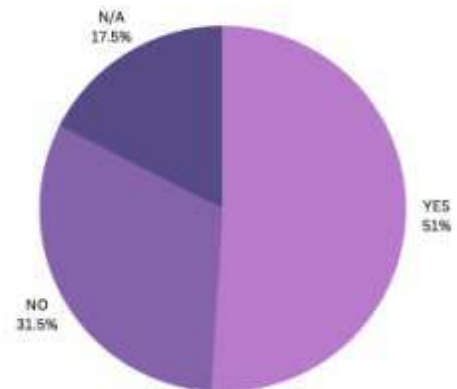
61.1% participants were happy with the time of the activity while 27.4 % participants did not find the timings to be suitable, but interestingly 11.5% participants chose not applicable. Venues

accessibility was liked by 62.1% while 27.8% had challenges accessing the venue and 10.1% did not respond. Only half of the participants thought that the activities offered in the community were inclusive of seniors while 31.5% stated that they felt excluded from community and 17.5% chose not applicable.

COMMUNITY EVENTS ARE HELD AT TIMES THAT ARE CONVENIENT.

N/A
11.5%

NO
27.4%

YES
61.1%
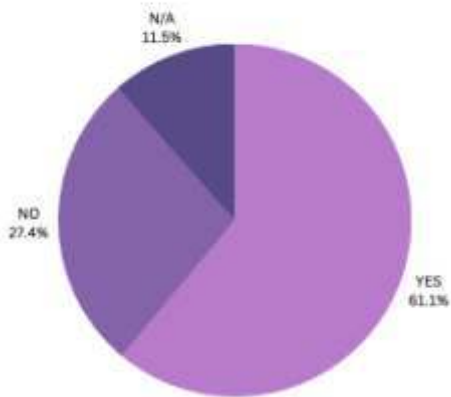
VENUES ARE EASY TO ACCESS AND CONVIENTLY LOCATED.

N/A
10.1%

NO
27.8%

YES
62.1%
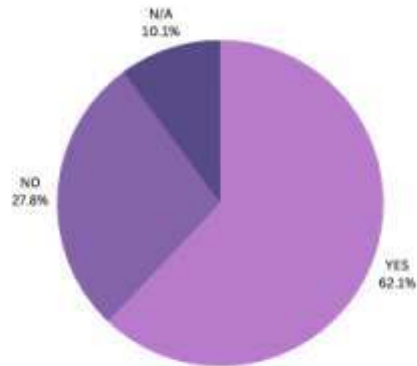
As we stated earlier that seniors were at risk of isolation, 44.9% senior participants agreed that the community reached out to the seniors at risk of isolation while 40.7% thought that at risk seniors were not reached out and 14.4% chose not to respond to question.

Recommendations:

1. Plan yearly calendar for major social, religious and cultural events so seniors can plan their activities ahead of time.

2. Transportation improvement is needed for easy access to community events.

3. Arrange for seniors to volunteer in community programs to encourage senior's participation.

4. Ensure reminders are designed so an opportunity to participate in events is not missed.

5. Encourage intergenerational gatherings and events to encourage social participation of seniors.

6. Plan incentives so that younger generation could support senior's activities, like volunteer hours or paid bus fares when they accompany a senior to the program/ event.

7. Design educational programs for families, schools about importance of senior's participation.

8. Design a program of remaining connected with seniors through various platforms- telephone calls, Zoom or Teams call etc. to minimise risk of isolation.

Technological Limitations:

The survey was conducted online from February 2021- December 2021. Due to Covid-19 public health protocols this survey was distributed electronically, and focus groups were held online on Zoom meetings. During the COVID-19 outbreak, volunteers dropped food and other necessities of daily life and provided the survey to be filled on paper. The survey was then collected back when the next visit of the volunteers would happen, thereby offering hard copy surveys to those who requested. However, all in-person activities were restarted with the prescribed government restrictions in January 2021. The survey was then conducted in-person from January 2022- June 2022.

Summary

Scarborough is home to a diverse population and includes an intricate blend of multi-ethnic, multi-cultural, multi-linguistic and multi religious population. Seniors call Canada as their home and the need to feel comfortable and included is a right of all Canadians. The age-friendly community survey conducted by IFT is crucial to supporting seniors in living healthy and fulfilled lives. Seniors face barriers that affect their involvement and engagement in the community. Lack of safe and inclusive spaces for seniors negatively impacts their mental and physical health.

The survey was conducted during the pandemic and responses were collected through paper forms, survey monkey and focus groups were conducted. The dedication and hard work of the participants, surveying members and the steering committee was productive and resulted in this important report. Below a summary of findings and recommendations can be found. Further details are in the report section. The questionnaires can be accessed in the Appendix section of the report.

1. Outdoor Spaces and Buildings:

Majority of the participants experienced a feeling of belonging in their present surroundings, however, they indicated that they felt isolated during the winter months. Seniors expressed discomfort about navigating in the malls and felt rushed due to the fast pace. There is a need for increased signage for washrooms in malls and recreation centers and parks.

Mobility was reported to be convenient except crossing roads were reported as challenging. Pedestrian crossing needs more clear marking and speaker support for impaired vision issues. Seniors voiced that the bus stops are not cleaned frequently. They found littering

in their neighbourhoods. They felt sidewalks were not cleared promptly during winter, making it impossible to walk to access outdoor space, bus stops, etc. A need to Improve lighting in public areas. Suggestions included public areas being evaluated for falls risk.

Participants feel the need to increase seating areas in the malls, parks and outdoor areas. More seating places will help manage fatigue, an important factor in fall. The need for educating seniors for falls risk prevention was also highlighted. Some issues related to outdoor spaces could be tackled if planned visits in the community were arranged to familiarize the seniors with outdoor spaces.

2. Transportation:

Seniors indicated high fares, untidy bus stops, not enough lighting and challenges with booking Wheel-Trans, were causing serious problems with using transportation. Staff at the stations, bus and cabs were courteous and helpful, such that the staff greeted seniors, were very patient to ensure the senior settles safely, fixed their mobility devices before moving. However, when there was the need to travel between jurisdictions was a challenge. Fares would double and the wait times were long

3. Housing:

Housing dimension had unsatisfactory responses in almost all the areas. Seniors raised concern about availability, accessibility, affordability for rented and owned property. The available housing was a challenge to meet the needs of multigenerational housing. Some house conditions were also a safety risk factor with regards to lighting and falls. However, the expensive electricity was a limiting factor for having enough lighting to ensure the place used by seniors are well lit and does not have glare. This also raises the issue if the seniors would have a discounted rate for Utilities and power around Greater Toronto Area.

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4. Civic Participation and involvement:

There was an unsatisfactory response in the Civic participation area. Seniors shared their concerns about availability of paid and unpaid work, ability to sustain paid work and also language barriers for equal opportunity for employment. They noted challenges with compensations for paid work, as seniors felt that they were paid less than their younger counterparts. The need of training options for seniors was also raised as training may help improve the chances of seniors getting employment. However, seniors also reported feeling a bias against getting hired. Other issues highlighted under transportation, housing and language barrier and unfamiliarity with the Canadian culture was also considered as an issue to gain employment already discussed in each area. Results also indicate that since financial limitations are an issue, participation in the community events may be an added burden, some support like transportation costs and participation costs may need to be addressed for improved participation in the community event.

5. Communication and Information:

Seniors had raised displeasure about the way community events and important news was being circulated. The information was either not clear, illegible, or delayed, which is why the seniors missed some events as well. A need to have senior friendly font was also recommended. A group for communication like What's App was also needed, many seniors were familiar with it already and found that information could be relayed effectively and timely. Another concern to have the

information content translated to the participant's language was also needed as English may not be the language of communication for many.

6. Respect and Social Inclusion:

Overall respect and inclusion results were satisfactory, as seniors felt that they were respected and felt included. However, some concerns were raised when seniors were working with younger generations within the workplace. This included paid, unpaid and volunteer work. The challenge of an intergenerational gap was identified in other areas in the report as well. Suggestions include that health care workers and staff within workplaces should be trained to address seniors, especially when hearing and vision may be a barrier. The need for effective mental health services was also highlighted, especially in the senior's mother tongue.

7. Health and Community Resources:

Seniors expressed concern about the long wait times for appointments, emergency and some also had issues with finding a family doctor. Generally, no issue reported for the OHIP card, and once at the health care facility satisfactory services were provided. However, more than one optometry and hearing assessment was a part of recommendations given by the seniors, as both the vision and hearing may change significantly in the targeted age group. Many seniors are still driving and can benefit from having a free optometrist consultation more than once a year.

8: Social Participation:

The dimensions of an age-friendly community, especially transportation, housing, outdoor spaces, respect, and inclusion, had a significant impact on the social participation of seniors. It is worthwhile to note that some seniors faced obstacles in their daily life which limited their participation. The obstacles included lack of support from family, increased responsibility of childcare and household work and family not acknowledging the need for community

engagement. Another interesting fact was that senior's abuse was not reported by any participant, despite a direct question on the survey. Seniors showed interest to participate in the development of programs for seniors, working towards increasing and improving participation. Most recently, the pandemic contributed to lack of social participation, and seniors are seeking ways to reconnect with their community.

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Appendix A

Islamic Foundation of Toronto

Survey monkey

Demographics

1. **What is your age?**

⭘ 55-60   ⭘ 61-65   ⭘ 66-70   ⭘ 71-75

⭘ 76-80   ⭘ 81-85   ⭘ 86-90   ⭘ 90 and over

2. **What is your gender?**

⭘ Male
⭘ Female
⭘ My gender is best described as: _____
⭘ Prefer not to answer

3. **What is your ethnic background: How do you identify yourself? (Please select one or more)**

⭘ Aboriginals and Indigienous first nation inuit and Metis, etc.
⭘ Black or African American (Eg: African American, Jamaican, Haitian, Nigerian, Ethiopian, Somalian, Sudanese etc)
⭘ Central Asian (Eg: Turkic, Indo-Iranian, Mongolic, etc)
⭘ Dominican, Colombian, etc)
⭘ East Asian (Eg: Chinese, Japanese, Taiwanese, Korean, etc)
⭘ Hispanic, Latino or Spanish origin (Eg: Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran,
⭘ Indo-Caribbean (Eg: Guyana, Trinidad and Tobago, etc)
⭘ Middle Eastern or North African (Eg: Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian, etc)
⭘ Native American (Eg: Navajo nation, Blackfeet tribe, Mayan, Aztec, Native Village or Barrow Inupia
⭘ Native Hawaiian or Other Pacific Islander (Eg: Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, etc)
⭘ South Asian (Eg: Afghan, Iranian, Indian, Sri Lankan, Nepali, Pakistani, Bangladesh etc.)
⭘ Southeast Asian (Eg: Indonesian, Singaporean, Malaysian, Filipino, Thai, etc.)
⭘ Traditional Government, Nome Eskimo Community, etc)
⭘ White (Eg: German, Irish, English, Italian, Polish, French, etc)

4. **Languages spoken at home** _____

5. **Preferred languages of communication** _____

6. **What is your highest level of education?**

   - ○ Primary or Middle School, started but did not complete a High School Diploma
   - ○ Highschool or equivalent (e.g. GED)
   - ○ College/University Course
   - ○ Bachelor's degree (e.g. BA, BS)
   - ○ Master's degree (e.g. MA, MS, MEd)
   - ○ Professional degree (e.g. MD, DDS, DVM)
   - ○ Doctorate (e.g. PhD, EdD)

7. **What is your citizenship status?**

   - ○ Returning residents/ citizens
   - ○ Permanent residents
   - ○ Refugees/ Asylum seekers
   - ○ Visitors

8. **Do you use any of the following :**

   - ○ mobility aids (walkers, wheelchairs, etc.)
   - ○ hearing aids,
   - ○ visual supporting devices
   - ○ EpiPen /Inhalers

9. **Caregiver identity information:** <u>Are you a person giving care</u>

   - ○ Yes
   - ○ No
   - ○ Don't wish to answer

   <u>Age of the person receiving care:</u>

   - ○ 0-17
   - ○ 18-40
   - ○ 41-65
   - ○ 65 -85
   - ○ 85 and older

   <u>Does your caregiver have a diagnosed disability?</u>

   - ○ Yes
   - ○ No

○ Don't wish to answer

10. Care recipient identity information: <u>Are you a person receiving care</u>

○ Yes
○ No
○ Don't wish to answer

<u>Does your care recipient have a diagnosed disability?</u>

○ Yes
○ No
○ Don't wish to answer

Environmental components

1- OUTDOOR SPACES AND PUBLIC BUILDINGS

Q1   Public areas are clean and well lit.
    ○ Yes
    ○ No
Suggestions: _____

Q2   Public seating is available and well placed.
    ○ Yes
    ○ No
Suggestions: _____

Q3   Pedestrian crossings are frequent, easily accessible, and safe.
    ○ Yes
    ○ No
Suggestions: _____

Q4   Sidewalks are well-maintained, clean, and easy to use.
    ○ Yes
    ○ No
Suggestions: _____

Q5   Public restrooms clean, well located, and easy to access
    ○ Yes
    ○ No
Suggestions: _____

Q6   Public spaces in the community are safe from crime.
           ○ Yes
           ○ No
       Suggestions: _____

Q7   Outdoor spaces and buildings are culturally inclusive
           ○ Yes
           ○ No
       Suggestions: _____

Q8   Separate gathering/activities for male and female
           ○ Yes
           ○ No
       Suggestions: _____

Q9   Public spaces and buildings are wheelchair accessible.
           ○ Yes
           ○ No
       Suggestions: _____

2 – TRANSPORTATION

Q1   Essential services (groceries, doctor's offices) are within
       reasonable transportation distances.
           ○ Yes
           ○ No
       Suggestions: _____

Q2   Public transportation routes are easy to determine and
       available to access in your preferred language.
           ○ Yes
           ○ No
       Suggestions: _____

Q3   Public transportation is frequent and easy to use.
           ○ Yes
           ○ No
       Suggestions: _____

Q4   Public transportation is affordable.
           ○ Yes
           ○ No
       Suggestions: _____

Q5   Transit workers are available for assistance when needed.
  ○ Yes
  ○ No
Suggestions: _____

Q6   Wheels Trans transportation is easily accessible for people
with disabilities.
  ○ Yes
  ○ No
Suggestions: _____

Q7   Roads and parking spaces are well maintained.
  ○ Yes
  ○ No
Suggestions: _____

Q8   Snow is removed from sidewalks and paths.
  ○ Yes
  ○ No
Suggestions: _____

Q9   Did you access the Covid-19 vaccine clinic conveniently
  ○ Yes
  ○ No
Suggestions: _____

Q10   Do you have a driver's license?
  ○ Yes
  ○ No
Suggestions: _____

Q11   Do you have access to a vehicle?

  ○ Yes
  ○ No
Suggestions: _____

3 – HOUSING:

Q1   Owning an Independent housing is available, affordable, and sufficient.
  ○ Yes
  ○ No
Suggestions: _____

Q2   Rental housing is clean, affordable, available, and well-maintained.
       ⭘ Yes
       ⭘ No
       Suggestions: _____

Q3   Seniors housing is available for disabled older adults.
       ⭘ Yes
       ⭘ No
       Suggestions: _____

Q4   Long Term care housing is available when required
       ⭘ Yes
       ⭘ No
       Suggestions: _____

Q5   Housing is close enough to other amenities (like parks, stores, and hospitals).
       ⭘ Yes
       ⭘ No
       Suggestions: _____

Q6.   Home maintenance and support is available and affordable.
       ⭘ Yes
       ⭘ No
       Suggestions: __

4. SOCIAL PARTICPATION:

Q1   Activities offered in the community are inclusive of seniors.
       ⭘ Yes
       ⭘   No
       Suggestions: _____

Q2   Venues are easy to access and conveniently located.
       ⭘ Yes
       ⭘ No
       Suggestions: _____

Q3   Community events are held at times that are convenient.
       ⭘ Yes
       ⭘ No
       Suggestions: _____

Q4   Do you find community events and activities interesting.
       ⭘ Yes
       ⭘ No
       Suggestions: _____

Q5   Community events and activities are affordable.
- ○ Yes
- ○ No

Suggestions: _____

Q6   Information about events and activities is clearly shared and easy to access.
- ○ Yes
- ○ No

Suggestions: _____

Q7   The community reaches out to people at risk of social isolation.
- ○ Yes
- ○ No

Suggestions: _____

5 – RESPECT AND SOCIAL INCLUSIONS:

Q1   Are you informed about the services delivered in your community.

- ○ Yes
- ○ No

Suggestions: _____

Q2   Service staff are courteous and helpful.

- ○ Yes
- ○ No

Suggestions: _____

Q3   Do the activities and events delivered are specific to your age and preferences.

- ○ Yes
- ○ No

Suggestions: _____

Q4   Do schools provide opportunities for older people to get involved in academics.

◯ Yes
◯ No
Suggestions: _____

Q5 Seniors are recognized by the community for their past and present contributions.

◯ Yes
◯ No
Suggestions: _____

Q6 Your cultural heritage is supported and celebrated within your community.

◯ Yes
◯ No
Suggestions: _____

Q7 Low income seniors are still able to access services.

◯ Yes
◯ No
Suggestions: _____

6 – CIVIC PARTICPATION AND EMPLOYMENT

Q1 Volunteer opportunities are available with provided training.
◯ Yes
◯ No
Suggestions: _____

Q2 Work opportunities are available, flexible, and appropriately paid.
◯ Yes
◯ No
Suggestions: _____

Q3 Voting stations are easy to identify and accessible.
◯ Yes
◯ No
Suggestions: _____

Q4 Government leaders engage the community to ensure everyone is involved in government processes, practices, and decisions.
◯ Yes
◯ No
Suggestions: _____

7 – COMMUNICATION AND INFORMATION

Q1   Information is accessible and well-distributed to residents.

○ Yes
○ No
Suggestions: _____

Q2   Information is provided in your preferred language.

○ Yes
○ No
Suggestions: _____

Q3   Information is well shared through social networks (Flyers/ Newspaper/ by word of mouth).

○ Yes
○ No
Suggestions: _____

Q4   Newspapers are easily accessible and informative.

○ Yes
○ No
Suggestions: _____

Q5   Font on posters is large and easy to read.

○ Yes
○ No
Suggestions: _____

Q6   Computers are easy to access at no or minimal charge in a variety of public spaces.

○ Yes
○ No
Suggestions: _____

Q7   Telephone answering services are slow and clear.

       ○ Yes
       ○ No
Suggestions: _____

8 – HEALTH & COMMUNITY RESOURCES

Q1   Health and community support services provide quality service to individuals and is conveniently located.
       ○ Yes
       ○ No
Suggestions: _____

Q2   Health service providers are welcoming and deliver appropriate care.
       ○ Yes
       ○ No
Suggestions: _____

Q3   Support is readily available to address language barriers when receiving health care.
       ○ Yes
       ○ No
Suggestions: _____

Q4   Health and community buildings are safely designed and accessible to people using mobility devices.
       ○ Yes
       ○ No
Suggestions: _____

Q5   Home care services are available, such as health or personal care and housekeeping.
       ○ Yes
       ○ No
Suggestions: _____

Q6   Information about health and social services are clear and accessible.
       ○ Yes
       ○ No
Suggestions: _____

Q7   Mental health care is affordable and available.
       ○ Yes
       ○ No

Suggestions: _____

Thank you for completing the Survey.

Islamic Foundation of Toronto

Demographics

11. What is your age?

○ 55-60   ○ 61-65   ○ 66-70   ○ 71-75

○ 76-80   ○ 81-85   ○ 86-90   ○ 90 and over

12. What is your gender?

○ Male
○ Female
○ My gender is best described as: _____
○ Prefer not to answer

13. What is your ethnic background: How do you identify yourself? (Please select one or more)

○ Aboriginals and Indigienous first nation inuit and Metis, etc.
○ Black or African American (Eg: African American, Jamaican, Haitian, Nigerian, Ethiopian, Somalian, Sudanese etc)
○ Central Asian (Eg: Turkic, Indo-Iranian, Mongolic, etc)
○ Dominican, Colombian, etc)
○ East Asian (Eg: Chinese, Japanese, Taiwanese, Korean, etc)
○ Hispanic, Latino or Spanish origin (Eg: Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran,
○ Indo-Caribbean (Eg: Guyana, Trinidad and Tobago, etc)
○ Middle Eastern or North African (Eg: Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian, etc)
○ Native American (Eg: Navajo nation, Blackfeet tribe, Mayan, Aztec, Native Village or Barrow Inupia
○ Native Hawaiian or Other Pacific Islander (Eg: Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, etc)
○ South Asian (Eg: Afghan, Iranian, Indian, Sri Lankan, Nepali, Pakistani, Bangladesh etc.)
○ Southeast Asian (Eg: Indonesian, Singaporean, Malaysian, Filipino, Thai, etc.)
○ Traditional Government, Nome Eskimo Community, etc)
○ White (Eg: German, Irish, English, Italian, Polish, French, etc)

14. Languages spoken at home _____

15. Preferred languages of communication _____

16. What is your highest level of education?

- ⭕ Primary or Middle School, started but did not complete a High School Diploma
- ⭕ Highschool or equivalent (e.g. GED)
- ⭕ College/University Course
- ⭕ Bachelor's degree (e.g. BA, BS)
- ⭕ Master's degree (e.g. MA, MS, MEd)
- ⭕ Professional degree (e.g. MD, DDS, DVM)
- ⭕ Doctorate (e.g. PhD, EdD)

17. What is your citizenship status?

- ⭕ Returning residents/ citizens
- ⭕ Permanent residents
- ⭕ Refugees/ Asylum seekers
- ⭕ Visitors

18. Do you use any of the following :

- ⭕ mobility aids (walkers, wheelchairs, etc.)
- ⭕ hearing aids,
- ⭕ visual supporting devices
- ⭕ EpiPen /Inhalers

19. Caregiver identity information: <u>Are you a person giving care</u>

- ⭕ Yes
- ⭕ No
- ⭕ Don't wish to answer

<u>Age of the person receiving care:</u>

- ⭕ 0-17
- ⭕ 18-40
- ⭕ 41-65
- ⭕ 65 -85
- ⭕ 85 and older

<u>Does your caregiver have a diagnosed disability?</u>

- ⭕ Yes
- ⭕ No
- ⭕ Don't wish to answer

20. Care recipient identity information: <u>Are you a person receiving care</u>

- ○ Yes
- ○ No
- ○ Don't wish to answer

<u>Does your care recipient have a diagnosed disability?</u>

- ○ Yes
- ○ No
- ○ Don't wish to answer

Environmental components

1- OUTDOOR SPACES AND PUBLIC BUILDINGS

Q1   Public areas are clean and well lit.
- ○ Yes
- ○ No

Suggestions: _____

Q2   Public seating is available and well placed.
- ○ Yes
- ○ No

Suggestions: _____

Q3   Pedestrian crossings are frequent, easily accessible, and safe.
- ○ Yes
- ○ No

Suggestions: _____

Q4   Sidewalks are well-maintained, clean, and easy to use.
- ○ Yes
- ○ No

Suggestions: _____

Q5   Public restrooms clean, well located, and easy to access
- ○ Yes
- ○ No

Suggestions: _____

Q6   Public spaces in the community are safe from crime.

○ Yes
○ No
Suggestions: _____

Q7 Outdoor spaces and buildings are culturally inclusive
○ Yes
○ No
Suggestions: _____

Q8 Separate gathering/activities for male and female
○ Yes
○ No
Suggestions: _____

Q9 Public spaces and buildings are wheelchair accessible.
○ Yes
○ No
Suggestions: _____

2 – TRANSPORTATION

Q1 Essential services (groceries, doctor's offices) are within reasonable transportation distances.
○ Yes
○ No
Suggestions: _____

Q2 Public transportation routes are easy to determine and available to access in your preferred language.
○ Yes
○ No
Suggestions: _____

Q3 Public transportation is frequent and easy to use.
○ Yes
○ No
Suggestions: _____

Q4 Public transportation is affordable.
○ Yes
○ No
Suggestions: _____

Q5 Transit workers are available for assistance when needed.
○ Yes

◯ No

Suggestions: _____

Q6   Wheels Trans transportation is easily accessible for people with disabilities.
              ◯ Yes
              ◯ No

Suggestions: _____

Q7   Roads and parking spaces are well maintained.
              ◯ Yes
              ◯ No

Suggestions: _____

Q8   Snow is removed from sidewalks and paths.
              ◯ Yes
              ◯ No

Suggestions: _____

Q9   Did you access the Covid-19 vaccine clinic conveniently
              ◯ Yes
              ◯ No

Suggestions: _____

Q10   Do you have a driver's license?
              ◯ Yes
              ◯ No

Suggestions: _____

Q11   Do you have access to a vehicle?

              ◯ Yes
              ◯ No

Suggestions: _____

3 – HOUSING:

Q1   Owning an Independent housing is available, affordable, and sufficient.
              ◯ Yes
              ◯ No

Suggestions: _____

Q2   Rental housing is clean, affordable, available, and well-maintained.
              ◯ Yes

      ◯ No

Suggestions: _____

Q3   Seniors housing is available for disabled older adults.
      ◯ Yes
      ◯ No

Suggestions: _____

Q4   Long Term care housing is available when required
      ◯ Yes
      ◯ No

Suggestions: _____

Q5   Housing is close enough to other amenities (like parks, stores, and hospitals).
      ◯ Yes
      ◯ No

Suggestions: _____

Q6.   Home maintenance and support is available and affordable.
      ◯ Yes
      ◯ No

Suggestions: __

4. SOCIAL PARTICPATION:

Q1   Activities offered in the community are inclusive of seniors.
      ◯ Yes
      ◯ No

Suggestions: _____

Q2   Venues are easy to access and conveniently located.
      ◯ Yes
      ◯ No

Suggestions: _____

Q3   Community events are held at times that are convenient.
      ◯ Yes
      ◯ No

Suggestions: _____

Q4   Do you find community events and activities interesting.
      ◯ Yes
      ◯ No

Suggestions: _____

Q5   Community events and activities are affordable.

     ◯   Yes
     ◯   No
Suggestions: _____

Q6   Information about events and activities is clearly shared and easy to access.
     ◯   Yes
     ◯   No
Suggestions: _____

Q7   The community reaches out to people at risk of social isolation.
     ◯   Yes
     ◯   No
Suggestions: _____

5 – RESPECT AND SOCIAL INCLUSIONS:

Q1   Are you informed about the services delivered in your community.

     ◯   Yes
     ◯   No
Suggestions: _____

Q2   Service staff are courteous and helpful.

     ◯   Yes
     ◯   No
Suggestions: _____

Q3   Do the activities and events delivered are specific to your age and preferences.

     ◯   Yes
     ◯   No
Suggestions: _____

Q4   Do schools provide opportunities for older people to get involved in academics.

     ◯   Yes
     ◯   No

Suggestions: _____

Q5   Seniors are recognized by the community for their past and present
       contributions.

       ○ Yes
       ○ No
Suggestions: _____

Q6   Your cultural heritage is supported and celebrated within your community.

       ○ Yes
       ○ No
Suggestions: _____

Q7   Low income seniors are still able to access services.

       ○ Yes
       ○ No
Suggestions: _____

6 – CIVIC PARTICPATION AND EMPLOYMENT

Q1   Volunteer opportunities are available with provided training.
       ○ Yes
       ○ No
Suggestions: _____

Q2   Work opportunities are available, flexible, and appropriately paid.
       ○ Yes
       ○ No
Suggestions: _____

Q3   Voting stations are easy to identify and accessible.
       ○ Yes
       ○ No
Suggestions: _____

Q4   Government leaders engage the community to ensure everyone is
       involved in government processes, practices, and decisions.
       ○ Yes
       ○ No
Suggestions: _____

7 – COMMUNICATION AND INFORMATION

Q1   Information is accessible and well-distributed to residents.

    ⭘ Yes
    ⭘ No
Suggestions: _____

Q2   Information is provided in your preferred language.

    ⭘ Yes
    ⭘ No
Suggestions: _____

Q3   Information is well shared through social networks (Flyers/ Newspaper/ by word of mouth).

    ⭘ Yes
    ⭘ No
Suggestions: _____

Q4   Newspapers are easily accessible and informative.

    ⭘ Yes
    ⭘ No
Suggestions: _____

Q5   Font on posters is large and easy to read.

    ⭘ Yes
    ⭘ No
Suggestions: _____

Q6   Computers are easy to access at no or minimal charge in a variety of public spaces.

    ⭘ Yes
    ⭘ No
Suggestions: _____

Q7   Telephone answering services are slow and clear.

    ⭘ Yes

○ No

Suggestions: _____

8 – HEALTH & COMMUNITY RESOURCES

Q1   Health and community support services provide quality service to individuals and is conveniently located.
○ Yes
○ No

Suggestions: _____

Q2   Health service providers are welcoming and deliver appropriate care.
○ Yes
○ No

Suggestions: _____

Q3   Support is readily available to address language barriers when receiving health care.
○ Yes
○ No

Suggestions: _____

Q4   Health and community buildings are safely designed and accessible to people using mobility devices.
○ Yes
○ No

Suggestions: _____

Q5   Home care services are available, such as health or personal care and housekeeping.
○ Yes
○ No

Suggestions: _____

Q6   Information about health and social services are clear and accessible.
○ Yes
○ No

Suggestions: _____

Q7   Mental health care is affordable and available.
○ Yes
○ No

Suggestions: _____

Thank you for completing the Survey.

<p style="text-align:center">**Appendix-C**</p>

<p style="text-align:center">**AFC - Community Focus Group Questions**</p>

Intro Question:

1. **What does an inclusive, aging-friendly community mean to you?**
   - An introduction to the idea of age-friendly communities, and a look at the current understandings in the room
   - Consider: What does an aging-friendly community look like? How is it different from your current community?

Exploration Questions (One per dimension of AFC, with some additional considerations):

2. **What outdoor spaces and buildings in your community are welcoming to you? Are there places in your community you don't feel comfortable?**
   - Consider: Parks, recreation centers, libraries, city centers, walking trails, etc.
   - Think about: Safety (Is it dangerous?), accessibility (Are there places you can't go to?), and inclusivity (Are there places that aren't socially welcoming?)
   - If there are places that you want to go are uncomfortable to reach? How could that be fixed? What could make it better?

3. **How easy is it to get around in your community? What are the best ways to get around, and what are the worst?**
   - Consider: Public transportation, specialized transportation (handy-trans, etc.), taxis, health related transportation
   - Think about: Bus wait times, shelters, benches, bus routes where they're needed

4. **Does housing in your community meet your needs?**
   - Consider: Senior homes, independent living arrangements, etc.
   - Think about: Affordability, safety, design (do houses meet the needs of seniors? Too many stairs, no elevators, bathrooms designed with support where needed, etc.).

5. **During COVID did you experience or are in fear of experiencing food shortage?**
   - Consider: Funds limitations, delay of fund availability, unable to get around for grocery purchase, limitations with online food ordering, delayed food arrival through program like meals on wheels, limited choice of food-dietary restrictions etc.,

- Think: Your unemployment or unemployment of other members in the family, limited the budget, delayed processing of applications, not knowing ordering grocery online like using food ordering Apps, unable to drive and curb side pickup, allergies and diet restrictions due to religious limitations, etc.

6. **Did you/ your caregiver(s) / family member experience or was diagnosed with mental health issues before/ during COVID?**
   - Consider: Seeking mental health supports, challenging situations like anger outbursts, restlessness, and irritation on minor everyday issues, if medications were prescribed then limitation of funds were an issue, filling prescriptions, doorstep delivery, etc.?
   - Think: If you had to explore coping strategies, felt that toleration was easy, you or someone around you needed or received help then was it readily available, fear of confidentiality money to buy medicines, fill prescription as family physicians had long waiting times etc.

7. **Do you feel your community values your input? How are seniors included in the community?**
   - Consider: Surveys oriented toward seniors, groups reaching out to and recognizing senior contributions, integration between age groups
   - Think about: Does the community attempt to understand the views and experiences of seniors? What challenges you have when you talk to people other than your age group? How are you valued? Recognition, awards, involvement in future planning, etc.

8. **What social events and groups in your community interest you? Are there barriers that would stop you from participating?**
   - Consider: Social events, religious/ faith events and festivities, hobby groups and activities to join
   - Think about: Affordability, accessibility, appeal (are activities held interesting to seniors?), and welcoming (are seniors encouraged to join? Are people respectful of seniors at events?)
   - If there aren't: What would you like to see in the community?
   - Due to pandemic limitations have been in place for people getting together for events. Would you:
     - like to be a part of Online- events
     - Like to learn about how to get connected using online platforms as Zoom, Teams, Google meet etc.
     - Like to express what kind of events you would be interested in:

- Religious/ faith based
- Games: Sudoku, puzzles, Bingo, scrabble, chess, Ludo etc.
- Movie times
- General discussion groups: Environment, indoor/ outdoor gardening, Cooking, etc.

9. **Does your community welcome seniors in work, volunteer and political positions? How so?**
   - Consider: Volunteer training, Jobs advertised to/hiring seniors- E.g. sitters in hospitals, political positions for seniors
   - Think about: Are there seniors involved in political groups in your community? Are volunteer and work positions shared easily with seniors?

10. **How do you hear about events and important information from your community?**
    - Consider: Fliers, sites, email lists, newspapers, radio, tv, word of mouth
    - Think about: Is important information shared? Events, groups, and opportunities? What languages are they shared in? Are they easy to understand? (writing is easy to read from a distance, important info is easy to understand (such as phone numbers or addresses in information)

11. **How does healthcare in your community meet your needs? Are there challenges to getting the healthcare you need?**
    - Consider: Support at home, hospital stays, hospice care, service workers, and medical equipment
    - Think about: Affordability, accessibility, inclusivity, understanding (do healthcare workers provide appropriate support? Do they seek to understand issues seniors are experiencing and provide appropriate support?)

12. **How has COVID situation impacted you:**
    - <u>Physically:</u>
      - Consider: If you felt or agree with what people say has changed about your surroundings.
      - Think: Anytime since the past six months you felt scared to go out, meet with people, feel the traffic or escalators are going too fast? Change in your walk, balance, ablution (wudhu), shower or prayer styles.
    - <u>Mentally:</u>
      - Consider: If you felt or agree with what people say has changed about your surroundings.
      - Think: Anytime since the past six months you felt stressed out, left out, vacant mood, irritable, restless.

Exit Question:

13. **If you could change one thing about your community today to make it more aging-friendly, and one thing that you want to remain in its present state, what would it be?**
    - A wrap-up after thinking about all of the different dimensions - after thinking about all of them, what stands out the most? What feels like the most urgently needed change?

Thank you for your time.